

BACKGROUND:

In living donor evaluations, the psychiatrist is tasked with evaluating a patient’s understanding of the risks involved, psychological readiness, motivation for donation, while mostly relying on the donor’s self-disclosure³. We present a case where the patient choosing to not disclose important information about his relationship with the recipient led to a poor outcome following donation.

Case and Major Events

A 35 year old man with a history of major depressive disorder and borderline personality disorder requested to be a kidney donor for his uncle and is seen by the Transplant Psychiatrist for a Psycho-Social Evaluation.

Determined to have multiple challenges with respect to donation, including history of psychiatric illness not currently being treated, unresolved conflict with potential supports, and financial concerns, including being worried about the potential impact of donation on current job. Deemed to be moderate risk for donation and recommended to engage in outpatient psychotherapy.

The patient consistently expressed a desire to donate, but never divulged the fact that his uncle had been sexually abusive towards him for multiple years during the patient’s childhood.

After completing six months of psychotherapy, the potential donor returns for another visit with the psychiatrist. He clarified concerns about supports and resolved financial concerns since the initial visit.

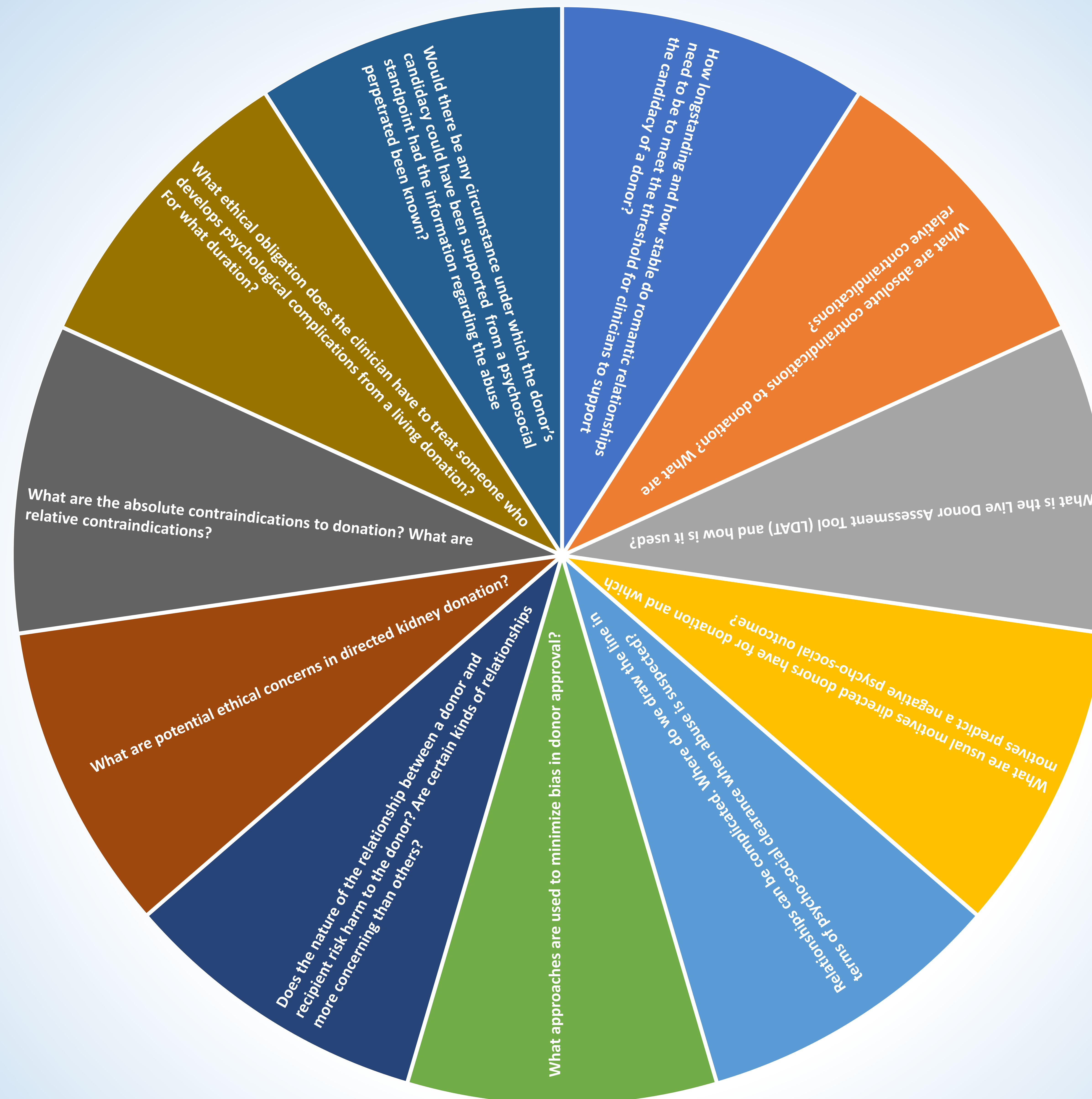
In light of these factors, he is psychiatrically cleared for donation.

Following the donation, he returns to the clinic and communicates to the transplant psychiatrist that he is disappointed that his uncle had not helped him financially, despite financial losses during the transplant process.

He reports that his relationship with his uncle has worsened and they no longer speak. He admits that he had not been truthful during the previous meetings and reveals to the psychiatrist that his uncle had been sexually abusive towards him during his childhood.

The patient reports depressed mood, anxiety, and panic attacks, and passive suicidal ideation in the setting the deterioration of the relationship between him and his uncle since the donation.

Spin The Question Wheel



DISCUSSION:

Based on data gathered over a 50 year period, the majority of kidney donors view their donation experience positively, but almost 1 in 10 reported at least one negative consequence related to their decision¹. Due to the altruistic nature of the decision, it is the responsibility of the psychiatrist to protect the donor, without over pathologizing. Clinical and ethical issues often rely on self-disclosure. Our case emphasizes the risks of not being able to obtain information about the relationship between donor and recipient from an unbiased source. The concept of double equipoise in living organ donation considers the relationship between the recipient’s needs, the donor’s risk, and the recipient’s outcome².

CONCLUSIONS:

This case demonstrates the potential influence that aspects of the relationship between the donor and recipient of which the clinician is not aware can have, and the possible benefit of obtaining information from an unbiased source whenever possible.

It underscores the intrinsic limitation of living donor evaluations: donors often present with the incentive to be cleared for donation, which can impact what they choose to share with the psychosocial team.

Scan QR code below for answers to question wheel.



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DISCLOSURE:

The authors declare that they have no conflicts of interest or relevant financial relationships to disclose concerning this poster presentation.

Details of clinical case were changed to preserve patient privacy and health information.