The MEP Group for Kidney Health met on 6th March in the European Parliament in Brussels to exchange views on how to address the lack of kidney donors within Europe.

The theme of World Kidney Day 2012, which fell on 8th March, was ‘Donate – Kidneys for life - Receive’, and the MEP Group listened and reacted to presentations by renal experts on the challenges faced by Europe to tackle the shortage of kidney donors.

At present, more than 250,000 patients in Europe are being treated with kidney dialysis machines or have kidney transplants, a number that has more than doubled over the past fifteen years. If this trend were to continue, the competent authorities in the Member States would need to spend between 3 and 5 per cent of their annual healthcare budgets on renal replacement therapies without taking into account its wider costs in terms of additional medical expenses, decreased quality of life and life expectancy, increased morbidity and reduced capacity to work.

Professor Norbert Lameire, Chairman of the European Kidney Health Alliance said that it is essential to make policymakers aware of the importance of chronic kidney disease (CKD) to the health of Europe’s citizens. He explained the single biggest challenge faced in the EU with regard to organ donation is the shortage of donor organs. He stressed that today, over 50,000 patients are waiting for a donor organ and that for patients with end-stage chronic kidney disease, transplantation is the most cost-effective treatment associated with a major improvement in their quality of life.

Professor Yves Vanrenterghem, Head of the Nephrology Department of the KU Leuven, focused on deceased donation, and presented several initiatives which would allow an increase in donor rates. He cited Croatia, which was at the lowest level in terms of organ donation in 2007, and now has the best donation rate in Europe. Amongst the initiatives leading to such an outcome he mentioned the appointment of in house coordinators in hospitals, the appointment of a National Transplant Coordinator by the Ministry, the implementation of training programs for coordinators and the reimbursement of donor costs.

Ms Frieda Brepoels MEP, Chair of the Group, said that there is a significant variation in donor rates between EU Member States and hence a huge potential to increase donor availability in Europe. She welcomed the Action plan and the Directive on quality and safety, recognizing that the EU has made important steps forward and insisted that raising awareness on donation is equally important in tackling the donor shortage.
Professor Daniel Abramowicz, head of the Renal Transplant Clinic at the Free University of Brussels focused on living donation. He explained how rigorous and thorough the medical exams are for living donors, leading to greater life expectancy.

He showed the discrepancies in terms of living donation in Europe, where Northern Member States have a much higher rate than Southern Member States. He insisted on the importance of helping doctors with logistical issues, on the information and sensitization of the public, on the necessity of a timely information about living donation of the patient with a failing kidney. The total reimbursement of the costs incurred by the donor and the creation of registries of donor data are some of the measures which would tremendously help increase organ availability.

Kidney receiver Marianne Vlaswinkel and her donor Frits Engels, gave a moving testimony of their experience. Marianne explained how she was diagnosed with a kidney failure in 2004. She started dialysis treatment, having to go to the hospital 3 days a week, while her husband was very ill at the same time. She said how her life changed and improved after the kidney transplant in 2008. This new kidney was the beginning of a new life for her. Frits Engels, who gave one of his kidneys to Marianne, had been a friend of hers and her husband for a few years.

He explained that when he found out about Marianne’s disease, he absolutely wanted to do something to help her and decided to give one of his kidneys. Having one kidney did not change his way of life, but he felt this was the most powerful and enriching experience of his life.

Finally, Dominik Schnichels, Head of Unit “Substances of human origin and tobacco control” at DG Sanco, gave the audience an overview of the current situation with the implementation of the Directive on Organ Donation and Transplantation adopted in 2010.

The 3 main objectives under the action plan linked to the directive are to increase organ availability, improve transplant systems and to improve quality and safety. Although several areas such as opt-in and opt-out systems are national competencies, he indicated that the Commission encourages Member States to share experiences. The directive has to be transposed by Member States by 27 August of this year.

Professor Lameire concluded by insisting on the importance of raising awareness of both living and deceased donation which are complementary to help raise the level of donation, indicating that it is also the only way to avoid organ trafficking.

“EKHA takes a multidisciplinary approach involving patients and their families, doctors and nurses, researchers and other healthcare professionals who work cooperatively for a European health environment in which there is a sustained decrease in kidney disease and its consequences.