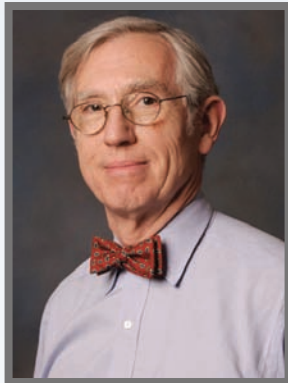


Working Together

BY JAMES F. BURDICK, M.D.

The field of transplantation is different from any other area of medicine because of the need for organs and the shortage of donors.



Those facts tie all of us in transplantation together in a singular way—every time we make a decision to use an organ, it impacts in principle on the care of someone else's patient for whom that organ might have been used. In spite of some disagreements over the decades, those foundational understandings have held together the public-private partnership that is devoted to best use of the gift of life.

Organ Transplantation and Procurement Network (OPTN) closer to the line between national policy vs. medical practice and professional ethics, for which the OPTN has neither the resources nor the mandate to cross. Although this need for oversight has created tensions, it may continue as a creative force in the continued evolution of improvements to the system.

Over recent years, I think the transplant community has gained a good sense of the role of the Health Resources and Services Administration (HRSA) in transplantation. Usually, when policy or other decisions are under consideration, attention is paid to applicability of and adherence to the Final Rule.

The need to be explicit about what is specified in federal language is usually not an issue but bears re-emphasis. The degree to which HRSA can help with more general issues extending into the purview of other agencies in the Department of Health and Human Services, however, is perhaps overestimated.

The long-term success of this public-private partnership has been because all concerned have been able to meld these differences into successful rules, policies and actions that are more inclusive than would have been possible by any one entity alone.

We've been able to continue to improve, and the remarkable success of HRSA's Breakthrough Collaborative provides a wonderful example. Thanks to the work of donor hospitals, OPOs, transplant programs and HRSA, the Collaborative has resulted in many more people transplanted and lives saved. The Collaborative has provided an answer to those who doubted that a major increase in donation rates was possible, and also is an answer to those who speculate that today's plateau cannot be overcome.

We have not reached the ceiling, and all must continue to work to find ways to increase donor availability. Interestingly, the Organ Donation and Transplantation Breakthrough Collaboratives have

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When the National Organ Transplantation Act (NOTA) was passed, its main purpose was to ensure that organs would be used in a fair and impartial manner across the country. Establishing rules to ensure that programs were prepared to do transplants effectively was understood to be an important part of the process and were in place from the first.

The Final Rule, however, codified the increasing concern that many aspects of transplant care needed more explicit national oversight. This fact brought the

Regarding HRSA, it is sometimes difficult for public servants in the federal bureaucracy, who have formal mandates to deal with clearly specified actions, to put themselves in the place of clinicians and patients who may have a more general view of what to do. The concerns of clinicians and patients are based on pressures that are real but perhaps more difficult to put into simple specifics or to rationalize with federal laws and regulations.

provide an opportunity for health-care practitioners to see how medical practice, using data-driven cooperation, can produce large improvements quickly. We don't *always* need randomized trials. **U**

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