

Title: Conflated Constructs: The Case for Abandoning Social Support As an Evaluation Criterion for Transplantation

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Abstract:

Background: Organ transplantation remains a solitary example of explicit public rationing of life-saving treatment in the U.S. Medical and psychosocial evaluation criteria thought to be associated with better outcomes were chosen to ensure that organs are allocated equitably and efficiently. Still, controversy surrounds the use of social support as an exclusion criterion for transplantation. This study examines evidence associated with social support and resulting inequities stemming from the use of this criterion.

Methods: Studies examining the relationship between social support and transplant outcomes were abstracted from PsycInfo, PubMed, and GoogleScholar. A total of 158 studies were reviewed, and 89 met inclusion criteria. For the purposes of this study, social support was operationalized as global psychosocial risk, marital status, received social support, and perceived social support. Outcomes included: adherence, morbidity, quality of life, graft loss, and hospital length of stay.

Results: Twenty-five studies were identified to be included in the review. Evidence linking social support and transplant outcomes was mixed. Marital status was the most robust predictor of adherence and clinical success, however the quality of these findings was moderate to weak. Marital status was not associated with survival. Perceived social support was associated with adherence, survival time, and quality of life. Global psychosocial risk and received social support were not associated with outcomes.

Conclusion: Despite national guidelines mandating the use of evidence-based criteria, social support remains a poorly examined and non-predictive criterion, excluding many vulnerable patients from transplantation. This criterion may unfairly disenfranchise poorer patients without adequate supports, and dilute transparency and uniformity in transplantation.