

Title: From potential donor to actual donation : how does socioeconomic deprivation affect the recruitment and progression of living kidney donors?

Author: Bailey, Phillippa Kathryn

Awarded: 2016

Abstract:

Live-donor kidney transplantation offers the best treatment for most people with renal failure. Socioeconomically deprived individuals in the UK are less likely to receive a live-donor kidney transplant (LDKT) than less deprived people, despite being more likely to develop renal failure. The reasons for this are not well understood. This work aimed to understand how socioeconomic deprivation (SED) might affect the recruitment of potential living kidney donors by transplant candidates, and the progression of potential donors through to donation. A quantitative-qualitative mixed methods approach was taken. A qualitative study of in-depth semi-structured interviews with renal patients aimed to identify patient-experienced potential barriers to live-donor kidney transplantation. A questionnaire-based case-control study was then piloted to investigate, quantitatively the themes arising from the qualitative study, and to examine potential intermediaries in the causal pathway between SED and reduced likelihood of a LDKT. Finally, a multi-centre prospective cohort study examined whether after successful donor recruitment deprivation was still associated with a reduced likelihood of a LDKT, and whether SED was associated with potential donor progression. More deprived patients reported being less actively engaged in their transplant decision-making; describing passivity and a short-term focus, as well as a lack of empowerment and engagement by some clinicians. They also reported that a lack of social support affected donor recruitment. For individuals who had successfully recruited potential donors to undergo donor evaluation, it appeared that SED was still associated with a reduced likelihood of receiving a LDKT. More deprived potential donors were younger, less likely to be married or retired, and appeared less likely to actually donate. SED is associated with multiple barriers to live-donor kidney transplantation, related to both the recruitment of potential donors and donor progression through work-up. Many of these barriers may be amenable to intervention, to redress the socioeconomic inequity currently observed.