

Re: Disparities in Care of Patients With End-Stage Renal Disease

IJKD 2008;2:53
www.ijkd.org

Sir,

I read the review article published in the previous issue of the *Iranian Journal of Kidney Diseases* with great interest.¹ Ghahramani pointed rightly to one of the most disputed ethical issues in the field of nephrology and kidney transplantation. Several studies from almost all over the world have clarified existence of deep disparities in terms of caring of patients who develop end-stage renal disease. The disputes rise to the peak point in the context of living donor kidney transplantation. The issue of living donor kidney transplantation is overshadowed by cases of exploitation and corruption. Reports indicating existence of profound disparities among kidney donors and recipients have made it difficult to discuss the issue in a valid and logical way. Taking a look at the literature and the proponents and opponents of the practice makes one realize the magnitude of disagreements.^{2,3}

Unfortunately, the existence of disparities in the practice is a global fact; but interestingly, reports indicate that the problem is highly prominent in the industrialized countries, even more than that of nations with lower income.⁴⁻⁶ However, the condition is different in Iran. There is a great controversy about the ethics of the Iranian model for kidney transplantation. Several arguments have been made over a female predominance and exploitation in this kidney transplantation model. Although we do not argue that the practice is free from any ethical problems, the fact is that Iranian kidney transplantation is the only practice in the world in which, women are far more likely to

receive a living donor kidney allograft than to donate one.^{7,8}

Very sincerely,
Behzad Einollahi

Nephrology & Urology Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran
E-mail: einollah@bmsu.ac.ir

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Received November 2007

Accepted November 2007