

## LETTER TO THE EDITOR

# Open dialogue between professionals with different opinions builds the best policy

To the Editor:

Delmonico and Ascher<sup>1</sup> respond to Rees et al,<sup>2</sup> but also to a confidential letter of intent, a work-in-progress draft for a possible grant application, which is not a public document and was never meant for distribution. We ask how they would respond to their colleagues taking their confidential grant application, making it public by email distribution, and leading an effort to discredit it before it is even written?

We believe in peer review and honest debate. We are fortunate that Walter Ricciardi, president of the Italian National Institute of Health (ISS), assessed Global Kidney Exchange (GKE) to be a concept worthy of a day-long meeting in Rome on October 9, 2017. Delmonico was invited to attend and in reply he requested that the meeting should be canceled. He also judged our document immoral, unethical and in support of organ trafficking.

This assessment surprised us, especially our first author, given that he is more conservative than many on several transplantation issues, as proven by his speech at the Pontifical Academy of Sciences on February 7, 2017, when he condemned the Chinese choice of using organs procured from executed inmates. Delmonico and Ascher will probably remember how his words upset the Chinese delegation. However, back then the first author applauded Delmonico's effort to keep an open dialogue with people responsible for having "placed a bullet in the head [of a human being] for a scheduled transplant."<sup>3</sup> Interestingly enough, Delmonico's recent correspondence on GKE developed during a trip to China, aimed at embracing the local transplant community that has been transplanting organs procured from "executed criminals [who] enjoy the right to donate their organs."<sup>4</sup> Our first author certainly lacks this blessed tolerance that appears to be crucial to eradicate this terrible crime.

We are baffled that Delmonico has worked to prevent a meeting in Rome to discuss the best path forward for GKE, but just returned from meeting with our Chinese colleagues. Leadership is an exercise to seek ethical solutions where others see intractable issues. Delmonico and Ascher have demonstrated their ability to reach out to colleagues who hold different opinions. We are convinced that they will eventually agree with us that the pathway indicated by Walter Ricciardi of ISS to promote a workshop to discuss GKE in the open is the best way to proceed.

Last but not least, let's look closely at their critique of GKE. Most of us in transplantation believe that all human beings, rich or poor, regardless of citizenship, deserve access to quality healthcare. Delmonico and Ascher miss this point about GKE. Its focus is not to "solicit living donors from economically underdeveloped countries,"

but rather to identify opportunities to provide quality healthcare, included but not limited to transplantation, for patients with end-stage renal disease in less industrialized countries.<sup>2</sup> In 2010, 5-7 million people died worldwide because they did not have access to renal replacement therapy.<sup>5</sup> Knowing this, how can Delmonico and Ascher ignore the beauty of having the rich give to the poor—the real focus of GKE?

## DISCLOSURE

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