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From: Michel Mendler, MD,

Sent: Thursday, December 14, 2006 8:23 AM

To: Kimberly Valente, RN (kav02@health.state.ny.us)

Cc: Debbie Vega; David Courtney; Richard Darling, DDS

Subject: RE: New York State Transplant Council's Committee Hearing on Presumed Consent

Kimberly Valente, RN

Health Policy Associate

New York State Department of Health Transplant Services

433 River St. – H

RE: New York State Transplant Council's Committee Hearing on Presumed Consent

Dear Ms. Valente,

It has recently come to my attention that the New York State Transplant Council's Committee studying Presumed Consent is holding a hearing on Monday, December 18th, regarding this organ donor policy.

As described in my attached CV, I am currently Associate Professor of Medicine at the Loma Linda University Medical Center (LLUMC) Transplantation Institute, Division of Gastroenterology and Liver Diseases, where I actively practice Transplant Hepatology. I held a similar role at the level of Assistant Professor at the University of Southern California, Los Angeles. Previously, I was a Transplant Hepatologist for three years in France at the University of Rennes. You may be aware that in France organ procurement is enabled by Presumed Consent, with clear rules of engagement that protect those that have established their wish not to donate.

I would like to take this opportunity to provide the Committee with written testimony of my direct experience with Presumed Consent as a transplant Hepatologist while in France and I am hereby respectfully requesting that you submit my testimony to each Committee member for their review.

In France, organ donation by Presumed Consent plays a major role in the higher availability of organs as compared to the United States, as demonstrated by my experience between 1996 and 2000. In our Center in Rennes, approximately 100 liver transplantations were performed per year. As one of the Transplant Hepatologists, when on call I personally carried "the waiting list" of recipients, typically 5 to 8 patients long. Average waiting times were well within a month. Fulminant (i.e. sudden and severe) cases received offers within hours. Deaths on the waiting lists were very rare. The abundance of organs allowed (and still does allow) for the transplantation of patients from Italy, supported financially by the Italian Government.

To my knowledge, organ donation by Presumed Consent is well accepted by the French across multiple varied cultures. As clearly detailed by the French equivalent of UNOS (<http://www.france-adot.org/lois/resume-loi.html#11>), a brain-dead patient is considered a donor if #1) they carry a donor card, or #2) as a presumed donor unless they either carry a card or belong to a registry explicitly opting out of donation; or if the next of kin can confirm knowledge that the patient did previously express refusal to be a donor.

The shortage of organs in the United States has reached dramatic proportions, and in particular in high-density areas such as Los Angeles. As opposed to my experience in France under a policy of Presumed Consent, the waiting lists at USC and LLUMC are approximately three to four-fold that of the number transplanted, and deaths while waiting are clearly excessively high.

I am convinced that introducing a policy of Presumed Consent modeled on the French experience would significantly increase organ availability. To further demonstrate my position I have recently added my name to a list of physicians and organ donor advocates in support of Presumed Consent (<http://fairfoundation.org/organdonation/contactcongressfororgandonation.htm>).

Please know that the Committee may call upon me for further information regarding my personal experience of transplanting under the policy of Presumed Consent.

Sincerely,

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Division of Gastroenterology  
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