

Editor's Note

Transplanting a Kidney Is the Easy Part

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The transition from adolescence to adulthood is difficult under the best of circumstances. Young people with chronic diseases face particular challenges because they must adhere to medical therapy and keep medical appointments while they cope with peer pressure, hormonal surges, academic demands, and uncertainty regarding the future. This study demonstrates the profound challenges of adolescents with renal transplants. The 10-year risk of graft loss among recipients aged 14 to 16 years is the highest of any age cohort despite the robust protoplasm of this age group. We agree with the authors that transition programs that address the unique developmental needs of youth should be developed and tested.



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The study has another important lesson in this era of health care reform. Graft loss was significantly greater among pub-

licly insured recipients compared with those with private insurance. The magnitude of the difference was so great that the graft survival of privately insured patients receiving a deceased donor kidney was as good as that of publicly insured patients receiving a kidney from a living donor. In a similar vein, African Americans had significantly higher rates of graft failure. Clearly, having health insurance is a necessary but insufficient condition to guarantee the best health outcomes. Even when we succeed in providing sophisticated, heroic technologic interventions such as kidney transplants, the lack of other basic social supports such as help getting to appointments, counseling for improving medical adherence, or even housing impedes patients from benefiting from advanced medical treatments. As we address the lack of health insurance, we must also address other inequalities in our society that prevent people from achieving the highest state of health.

Published Online: July 29, 2013.

doi:10.1001/jamainternmed.2013.9452.