

A Living Kidney Donor's Psychosocial Evaluation

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Editorial

Renal transplantation is now widely regarded as the most effective treatment for end-stage chronic kidney disease. However, a sizable number of people remain on dialysis, and waiting lists continue to increase year after year. Naturally, there are restrictions on insurers' approval of the treatment, but the biggest stumbling block is organ availability. Organs can be donated by a living or deceased person. The latter looks to be preferable because it reduces the danger of harming another person. Finding an appropriate number, however, is challenging due to the severe conditions of recuperation. When we compare the steady (and occasionally dropping) number of deceased donors to the ever-increasing number of patients on waiting lists, it's evident that the majority of patients' chances of receiving an organ are dwindling [1].

Thankfully, living organ donation is becoming more popular. Improved medical evaluation criteria for the candidate (which are becoming increasingly obvious and accurate) and improved nephrectomy surgery techniques (which are becoming safer and providing better results) may be the key reasons for the rise in popularity of this concept [2,3]. These two factors have combined to create a widespread belief that there is no risk of damage and that the procedure is rather safe, which is slowly spreading from medical experts to the general people. Furthermore, it is not implausible that the general public's desire to participate in this particular form of solidarity has improved. What is known is that the number of people who are willing to donate their organs is growing [4]. Additionally, the number of candidates who are not biologically related to the recipient (spouses, same-sex partners, in-laws, friends, and even those with strange intentions) has increased.

This adjustment in mindset should, of course, be viewed as a positive. Despite this, it introduces new psychosocial hazards that must be identified. Women in general and spouses in particular, are generous to their partners [2]. This generosity may keep us from identifying inappropriate demands exerted by the ailing husband, who takes advantage of her frequent financial need. The decision to support a homosexual partner may be totally legitimate, but donors frequently conceal their motivations for fear of censorship, which prevents proper investigation.

A sufficient and appropriate incentive could be the emotional link that exists between in-laws and close pals. However, it is not uncommon for organs to be sold under the guise of friendship declarations that are difficult to substantiate or rule out for the interviewer. Abstract altruism is a commendable human quality, but let us not be so blind as to overlook the fact that behind it may be impoverished citizens forced to financial difficulties or duped by naive others [5].

A psychological examination of living donor candidates is performed by almost all transplantation teams. In its remarks under Principle 3 of the WHO

Guiding Principles on Human Cell, Tissue, and Organ Transplantation, the World Health Organization (WHO) addresses this necessity. The goal of the mental health evaluation – which includes those conducted by nephrology, the surgeon, the anesthesiologist, and any other individual deemed required by the transplant team – is to ensure that the candidate's decision to donate is justified by the risk he or she is willing to take. The decision to donate an organ is a personal one. Candidates have control over their bodies and have the legal right to dispose of them in accordance with the law [5].

As a result, it is commonly considered that they are aware of their reasons for donating, that they have given much thought to their decision, and that they have sought counsel from others. It's shocking, therefore, to learn that many applicants have just a hazy or nebulous understanding of their motivations and their authenticity. Candidates have taken rash decisions in the past, driven by their emotions and putting their faith in their luck and/or faith. In other cases, people are undecided and under pressure as a result of a variety of factors. The psychiatric evaluation should support them in clarifying their motives, either by bringing them to consciousness or verbalizing them. Candidates should be able to examine them and decide whether to stick with their decision or change their minds. To put it another way, it should be a favorable experience that either enhances and develops the decision or dismisses it. It should also make candidates feel as if they have received assistance in making the greatest selection for their particular situation.

Conflict of Interest

No conflict of interest by author.

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