Why Are More Black Americans Left Off Liver Transplant Waiting Lists?

For Black people, insurance access, travel distance and a lack of knowledge about options contribute to transplant waiting list disparities.

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New findings published in the Journal of American College Surgeons suggest that due to several factors, including a lack of private health insurance and a lack of awareness about available options, Black Americans are less likely to be included on liver transplant waiting lists than white Americans.

For the study, researchers reviewed deceased donor liver transplant and waiting list data for 109 high-volume liver transplant centers. Using five-year U.S. Census Bureau estimates from 2017, scientists calculated demographics from each center's donor service area (the geographic area the center serves).

Altogether, more than 30,000 patients were on the waiting lists. Demographic information showed that individuals were 69% white, 17% Hispanic, 7.9% Black and 6.1% other racial or ethnic groups. However, the national racial/ethnic distribution from the 2017 Census data showed that these centers served patients who were 61.5% white, 17.6% Hispanic, 12.3% Black and 8.6% other racial or ethnic groups.

This contrast showed that 4.4% of Black patients were disproportionately left off liver transplant waiting lists, compared with other racial groups. More white (7.5%) and Hispanic (.6%) patients were put on the waiting lists than the number of those counted in each of these groups on the national Census data. Only 2.5% of other racial/ethnic groups were left off the waiting lists.

When researchers looked at actual liver transplant surgeries, the disparities shifted slightly. In this case, 70.9% of procedures occurred among whites, 9.4% among Blacks, 14% among Hispanics and 5.7% among other racial/ethnic groups.

Researchers cited myriad reasons for these transplant waiting list disparities, such as access to health insurance, travel distance and lack of knowledge about transplant options on the part of both patients and doctors.

"When we looked at the characteristics of each individual center that correlated with that

difference, we found that the more each center transplanted people with private insurance, the less they were representative of the Black population in their donor service area," said Ali Zarrinpar, MD, PhD, FACS, a transplant and hepatobiliary surgeon at the University of Florida, Gainesville, and the study's lead author.

Zarrinpar also noted that the longer amount of time people traveled to that center for a liver transplant, the less the center was representative of the percentage of the Black population in their donor service area.

Black patients may also be unaware that a transplant can be the appropriate treatment for certain liver conditions, Zarrinpar added, even for those on Medicaid or public insurance. (If individuals knew sooner rather than later about this option, doctors could inform patients about the requirements for placement on liver transplant waiting lists.)

Zarrinpar stressed that people should always seek help. "As long as a patient has a medical need, the ability to undergo a transplant operation successfully and a support system to ensure long-term success with the transplanted liver, being placed on a transplant waiting list is an option," he advised.

For related coverage, read "NASH, Alcohol Now the Top Reasons for Liver Transplants" and "What's to Blame for Sex Disparities in Allocating Livers?"
