LIVER TRANSPLANT SERVICE IN A UNIVERSITY HOSPITAL: UNEQUAL HEALTH POLICIES FOR EQUAL

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Abstract: Brazil has one of the largest public programs for the world's transplants, and more than 90% occur subsidized by the State. The consolidation of liver transplantation is calculated by life expectancy reached. If the recipient exceeds the first year post-transplantation, the chance of surviving "normally" the next twenty years is higher than in any other transplant. But then transplant policy receives more attention, for example, than other policies related to primary care and prevention of diseases that may evolve to reduce the need of organ transplants. The objective of this paper is to analyze how care in liver transplants is provided at a university hospital. A qualitative research case study was undertaken using post-structuralist analysis. Data collection was performed by documentary analysis of the records of patients undergoing liver transplantation, semi-structured interviews with professionals of the multidisciplinary team and direct observation of the functioning of the service. Patient care for liver transplantation is distinctive when compared to other forms of care provided: it occurs in a differentiated service in gastroenterology clinic; prepared for for exams and surgery, the complete specialized team ready to provide prompt service. Paradoxically, the liver transplantation center even without the ideal conditions of physical infrastructure and specialised human resources, the "need" to offer this procedure to the people overcame the limitations of the institution that was also attracted by the priority funding paid by the State to perform the transplant rather than other procedures lower in the schedule. Does the creation of the liver transplant service occur because it is located in a specialist, gastroenterological, referral centre or because obtaining priority funding cross-subsidises other services assisting with keeping the hospital functioning "properly"? The right to health of the person in the transplant process "empowers" them from a logic that they have a fully prioritized service.

Introduction

What is the position of Brazil in relation to the transplant program?

Brazil is the second highest rate of transplants performed per year and of these, more than 90% occur in the Unified Health System (SUS – Sistema Único de Saúde – public health care)\(^1\). In the social context of Brazil, the transplant program is considered an international benchmark for the Brazilian public health system because it is an advanced and organized

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system, fair and equal in its purpose\(^2\). Among the types of transplants, the strengthening of the success of Liver Transplantation occurs due to the quality and life expectancy achieved by people subjected to the transplantation technique\(^3\). University Hospitals [teaching hospitals] are among the public institutions that perform transplants of organs and tissues. The University Hospitals are designed to be centres where specialised practitioners are taught and developed as well as places where technological development occurs along with research in health, offering population coverage and better standards of care by SUS\(^4\).

**What is the problem for this study?**

The complexity of Liver Transplant procedure and its effects on and for public policy, financial, structural and human investments raised are pertinent aspects which are analyzed from post-structuralist perspective.

In addition to the technical and budgetary complexity of transplantation, the "social rights" or "human right" to health, the effect of disparities in investments demands on health in different countries, and within the country or even within the same health system, are under question\(^5,6\). To understand some of these variations, the present study analyzed how a service specializing in care of Liver Transplant recipients occurred in a University Hospital in southern Brazil.

**Methodology**

**What is the method used for this study?**

Qualitative research, using a case study framework, using analysis from the perspective of post-structuralism, was developed in a large University Hospital, located in southern Brazil, a specialist referral hospital for complex diseases in various specialties, among them Liver Transplantion\(^4\). Semi-structured interviews were conducted with 11 professionals of HU Liver Transplantion team (one each social worker, pharmacist, physiotherapist, nutritionist and psychologist; 4 nurses and 2 doctors) on a day and time according to availability of participants. The period of data was collection was between December 2013 and January 2014. All ethical standards were met, according to Resolution No. 466/12 of the National Health Council of Brazil. The study was approved by the Research Ethics Committee, as reported number 454.283.

**Discussion of Results**

The analytical category entitled "Unequal Health Policies for equality" is discussed
here. Data analysis shows the differences in patient care for the Liver Transplantion in relation to other care services provided by University Hospital. These inequalities are, among others: the number of professionals in specialised service in outpatient gastroenterology than other specialties, the readiness for exams and surgery, when there is no availability of organs suitable for Liver Transplantion. What emerges from this priority given to LT, is that in other specialties there are corridors crowded with people waiting for specialized care - often booked for months or years; in the delays or absence of surgeries such as amputations, tumor removal surgery or even the lack of resources for examinations that allow improvement in treatment times in acute or chronic diseases.

The health institutions are attracted by the amounts paid by the SUS to provide Liver Transplantion, in comparison with other procedures set forth in the lagged table Study\(^7\), whose members were responsible for Liver Transplantion teams in four Brazilian states, and who present Liver Transplantion as machinery that can advance an institution forward, understanding that, in the end, its requirements are beneficial to all. That is, the Liver Transplantion generates resources for the hospital, affecting the incorporation of technology and can transfer to other departments in the hospital\(^8\).

However, in many developing countries, despite widely proven benefits, Liver Transplantion has had limited application because it has high costs and, in general, is conducted in critically ill patients with advanced liver disease. The higher costs are related to the professional staff, the hospital stay and medicines and, among these, the liver preservation solution, the broad-spectrum antibiotics and immunosuppressants required to maintain the transplantation\(^9\).

Moreover, there are more financial incentives offered in the organ transplant policy than for other public policies, such as those involving primary care. Thus, in relation to Brazilian transplants policies, the socio-economic aspects of the population are important and should be recognized in the implementation of that policy, given the limitations of resources existing in the health sector\(^10\).

The participants interviewed in this study consider that is more importante to offer the population quality primary care, so that many diseases can be prevented and/or treated early and there is no need for highly complex therapies, such as LT. This suggests that the indirect costs of not performing transplants are high, similar to the case of kidneys, where renal replacement therapies consume millions of public funds and would not have been necessary if the kidney disease had been treated earlier, or avoided by preventative measures that reduce the numbers of people with renal failure in the population\(^11\).
The institution has an interdisciplinary team with adequate numbers of professionals to care for the patients undergoing liver transplant; which does not happen in relation to other existing demands care at University Hospital.

Still, the population's access to specialised referral centers in transplantation is problematic. It has unequal conditions of access to treatment that relate to: some states have more in transplant numbers than others, proper structuring of transplant centers and training and professional development of the professionals involved(12).

It is interesting to consider the understanding of the right to health of a person with a transplant. That is, that transplants, in general, is at the intersection of the individual and the social collective, raising moral dilemmas, such as what are equitable criteria for indicating when transplantation should occur, how can the balance of the use of public resources be set, among others.

Participants of this study highlighted question about the "worthiness" of the transplant when often there are dilemmas about which of the hepatic patients should have the transplant. These questions are foregrounded when professional consider the personal responsibility of a patient for their own health, particularly important when discussing the effects of alcoholism, and considering that the liver damage is self-induced by a voluntary action of the patient(13). Thus, the transplant team questions the use of expensive resources and complex technologies to patients who would be supposedly less deserving, due to being morally "responsible" for their liver failure(14).

The responsibility for ensuring careful evaluation and the supply of organs to eligible patients without stigmas and judgments, belong to the transplant Center team, in order to offer fair practices for the entire population(15). However, punishment for non-body care is highly controversial and transplant policies end up drawing a line, providing ethical justifications for the deciding who is or is not eligible(3).

What are the main conclusions?

The patients included in the Liver Transplantation service at University Hospitals receive highly specialised service compared to other users of the institution. But this patient is not viewed as "privileged"; in fact, they get a dignified service, in which their clinical and social welfare and care by all those who work to provide their care is of the standard that should be provided for the health of the total population.

The reality observed in this study setting reflects on the existing health care context in Brazil, where care is based in a public policy of organ transplants that is unified, yet attractive
financial transfers are obtained for the performance of some procedures more than others, with the aim of getting higher quality than the basic care in other specialist referral services that are not compensated or resourced at such levels.

References
