

Readers' Forum

An Update From:

King LP, Siminoff LA, Meyer DM, Yancy CW, Ring WS, Mayo TW, Drazner MH. Health insurance and cardiac transplantation: A call for reform. *J Am Coll Cardiol*. 2005 May 3;45(9):1388-1391.

A Heartfelt Story for the Rich

One in four donated hearts in the United States comes from the ranks of the uninsured, according to a study in the *Journal of American College of Cardiology*. Socioeconomics has always been a factor in organ donations because of the expense of long-term care for a new organ. Nevertheless, the doctors and ethicists who did the study say the finding is a glaring inequity in a national organ donation system that strives for fairness.

You should not ask a group of people, in this case nearly one-quarter of heart donors, to contribute to a pool of resources not available to them," says Tom Mayo, director of Southern Methodist University's (SMU) Maguire Center for Ethics and Public Responsibility and an author of the study "Health Insurance and Cardiac Transplantation: A Call for Reform." "A system that derives such a substantial benefit from people who, if the tables were turned, would not qualify for a transplant for financial reasons raises serious questions of justice and the equitable allocation of life-saving medical resources."

By studying a database of nearly 300 organ donors,

researchers from University of Texas (UT) Southwestern Medical Center, SMU, and Case Western Reserve University found approximately 25% of the donors had no health insurance. Half of those uninsured donors are between the ages of 45 to 64 years, the most common age group to receive a heart transplant. The estimated cost of a heart transplant is \$391,000. Read more about this story and the study by going to <http://smu.edu/experts/> or call SMU Office of News and Communications at 214-768-7650.

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To The Editor:

The November/December 2005 issue of the Journal featuring access to dental care provided a balanced and sobering assessment of dental care access and treatment in North Carolina. In spite of the efforts on the part of many people, advocates, clinicians, and policy makers alike, dental care for too many of our citizens is unattainable. Like obesity and the use of tobacco, the health consequences of diseased mouths are well known and the cost in misery and dollars well documented.

As noted in the variety of articles, the problem of access to dental care for all is complex and not likely to be solved by any one effort alone. However, that does not prevent the need to do so. All involved—providers of dental



care, those who pay the bills, patients, community leaders, and those who make the laws—must come to a common understanding of the importance of affordable, equitable, and accessible dental care as a basic necessity. When such agreement is reached, the power to improve this area of our people's health will exert itself. Until then, I fear that we will still search for solutions in isolation and struggle to make them effective.

Thank you for an excellent issue.

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