**Why are the conditions which have to be met to become a living kidney donor?**

This is also an extremely interesting question. The first is the removal of organs from living donors, it is both easy and difficult to answer this question. Regarding the issue of links with society, this is something lawmakers must decide. The answers will therefore be determined by law, even if this is, by definition, an evolving domain. At present, to become a donor you need to be a sibling, parent, child, spouse or someone who has a close relationship with the recipient, this is something lawmakers must decide. The answers will therefore be determined by law, even if this is, by definition, an evolving domain. At present, to become a donor you need to be a sibling, parent, child, spouse or someone who has a close relationship with the recipient.

**Contraindications**

From the medical point of view, many tests are required and there are a large number of contraindications. There is a long list of international recommendations. It is always important to ensure that the donor’s wish is the first consideration, followed by that of the recipient. It is only after fully assessing this aspect that the purely medical evaluation is undertaken, through it must be stated that this ends up excluding up to 40% of potential donors (personal data).

The evaluation of a medical file of a living kidney donor is straightforward; firstly, determine the date of the organ transplant, and secondly assess the current condition of the kidney.

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With regards to which tests are required, it is difficult to supply an exhaustive list because it varies from team to team. Based on international recommendations, the following are considered to be contraindications:

- Impaired renal function defined by a glomerular filtration rate below 80 ml/min/1.73 m²
- Body mass index > 30-35 kg/m²
- Glucose intolerance
- Severe or uncontrolled hypertension
- Cardiovascular disease
- Tumour
- Active Hepatitis B or C
- HIV positive serology
- Active hepatitis B or C
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- HIV positive serology

**Surgical complications**

As we have seen, surgical complications may occur which, although rare, may require a six-month postponement after surgery. When such a case happens, if the renal function is satisfactory, the case will be rated as “standard”.

**Donor’s wish**

The donor’s wish is the most important factor. From the medical point of view, many tests are required and there are a large number of contraindications. There is a long list of international recommendations. It is always important to ensure that the donor’s wish is the first consideration, followed by that of the recipient. It is only after fully assessing this aspect that the purely medical evaluation is undertaken, through it must be stated that this ends up excluding up to 40% of potential donors (personal data). The “age” of a donor is also a significant issue, as it varies considerably depending on the medical teams.

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**SCOR Global life and living kidney donors**

The evaluation of a medical file of a living kidney donor is straightforward; firstly, determine the date of the organ transplant, and secondly assess the current condition of the kidney.

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**Professor Eric Thervet**

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**Insuring kidney donor applicants**

We published a newsletter on the insurability of kidney recipients in 2007 which led to an improvement in the tariffs offered to these insureds. Today, we discuss another aspect of renal transplantation, living kidney donors and their potential insurability.

**“You have donated one of your kidneys? You only have one kidney? Then you are substandard...!”**

This simplistic view was the starting point for the study of life insurance of “living kidney donors” by the medical teams of the International R&D Centre for medical selection and claims at SCOR Global Life. Kidney donation is becoming increasingly common throughout the world, with the United States and Japan leading the way in this field, and the studies referenced in this newsletter came from these two countries.

We are convinced that a dynamic interaction between the risk areas of expertise, insurance and medicine, will further expand our experience of these risks.

Therefore, it is a pleasure to present an extract from an article we published in a specialized medical journal “Le Courrier de la Transplantation”, resulting from privileged contacts SCOR Global Life maintains with several specialists and key figures involved in the field of kidney donation.

Your usual SCOR Global Life contact will be pleased to provide you with any additional information you might need.
Living kidney donors often face difficulties when applying for life and temporary or permanent disability insurance to contract mortgages, for instance.

This article provides the opinion of a medical director of a reinsurance company. After a short introduction to life insurance, it sets out to analyse and answer the question all insurance companies would instinctively ask in such situations:

“You only have one kidney. You must be at risk... but... what is the risk?”

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**Living kidney donors: are they substandard risks?**

 Extract from the journal “Le Courrier de la Transplantation – Vol. XI – no. 3 July-August-September 2011”

End-stage chronic kidney disease requires replacement therapy either by extra-renal filtration (haemodialysis or peritoneal dialysis) or by renal transplantation. Whenever possible, transplantation is preferable due to the better quality of life of the organ recipients and, as observed in most studies, increased patient survival rate. Dialysis is a problematic form of treatment transplantation is preferable due to the better quality of life of the dialysis patient, long-term survival rates. Dialysis is a problematic form of treatment transplantation is preferable due to the better quality of life of the dialysis patient, long-term survival rates. Dialysis is a problematic form of treatment transplantation is preferable due to the better quality of life of the dialysis patient, long-term survival rates.

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*What should insurers retain from these studies?*

The first message is that insurers should now consider that kidney donation does not increase the mortality risk. Living kidney donors are people who, in one way or another, have been medically screened for their ability to donate an organ. They have undergone comprehensive medical checks and in-depth tests to ensure that living with a single kidney would not be harmful to them.

The second message is that not only do living kidney donors have excellent survival rates but they also show extremely low levels of general overall health and quality of life. Living with a single kidney seems to encourage people to be more conscious of their health and they have excellent survival rates but they also have a very low rate of morbidity to compare their rates to those of the general population. This is emphasised in both living donors and the control population. The study emphasised the excellent quality of life and extremely low levels of general overall health and quality of life.

As can be seen by their enthusiasm and involvement in the act: 98% of people “would do it again” and 99% would recommend it to another person. They also unreservedly expressed their joy and pride in having helped to improve the long-term health of a family member. And they refuse to consider their action as heroic or a sacrifice.

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Living kidney donors: are they substandard risks?

Living kidney donors often face difficulties when applying for life and temporary or permanent disability insurance to cover the costs associated with their medical treatments. They may be considered high-risk patients or even be rejected by insurers. The following article will provide an in-depth analysis of the medical and ethical aspects of living kidney donors and will help insurers understand the real impact of such individuals on their portfolios.

The trend is generally on the rise.

The number of transplants involving a living donor varies considerably according to the country. In order to carry out transplantation a donor organ is needed which can come from either a living donor or a cadaver. In both cases, thorough tests are required to determine the feasibility of the transplant. The procedure is also regulated by extremely strict administrative and ethical rules. Although living donors only represent 7% of the transplants performed in France (according to the records of the Biomedicine Agency), the use of living donors is currently the subject of many changes being made to the laws on biomedicine, as techniques have improved and the generation of living donors results in a significant improvement of the post-transplant results (see the figure below).

For several years there has been a disparity between the number of kidney donors available for transplantation and the number of patients needing for transplant in other words, there is a shortage of available kidneys. The way of overcoming this disparity is to appeal to healthy people to donate their kidneys whenever possible. The number of long-term kidney donors is on the increase.

Insurance have to decide whether donors, who have undergone surgery to remove the organ, now and since a single kidney, bear an increased risk of mortality, temporary or permanent disability. If it is the case, it would impact on an insurer’s technical results and therefore need to be covered by an extra premium.

Two large-scale medical trials have recently been published on the outcome of living kidney donors. They are valuable studies as they include large numbers of living donors followed up over relatively long periods, enabling insurers to draw fairly definite and useful conclusions.

The first was an American study. It was carried out by a medical team working at the University of Minnesota and published in the New England Journal of Medicine. Over 3,900 donors were followed up over periods ranging from a few months to approximately 40 years. These donors were compared to control subjects with both the 10% and 15%.

Mortality was one of the parameters studied. This was identical in both living donors and the control population. The study emphasised the excellent quality of life and extremely high survival rate of living kidney donors.

No adverse impact was noted on the donors’ quality of life. The latter is highly in terms of general overall health and quality of life. The second study was carried out in Japan. It was produced by a medical team from the University of Kyoto, published in Transplantation, and included over 360 donors. It provided a lot of information. One initial finding, which was reassuring, was that donors with normal blood pressure and no other complications refused to consider their action as heroic or a sacrifice. The second major finding concerned long-term survival rates. No adverse results were noted. The only negative note to this positive overview is that the situation may change. Under increasing pressure of demand for kidneys, the selection of living donors may become less strict. For example, we have observed cases in which factors such as obesity, hypertension, and borderline renal function were not considered as absolute contraindications to donation. Moreover, mortality was no better. Mortality was slightly lower than that of a separate control population.

What should insurers retain from these studies?

The first message is that insurers should now consider that kidney donation does not increase the mortality risk. Living kidney donors are people who, in one way or other, have been medically screened for their ability to donate an organ. They have undergone comprehensive medical checks and in-depth tests to ensure that living with a single kidney would not be harmful to them.

The second message is that not only do living kidney donors have excellent survival rates but they also score extremely highly in terms of general overall health and quality of life. Living with a single kidney seems to encourage people to be careful. I know that I only have one kidney so I monitor my blood pressure, I have regular blood checks, I eat a balanced diet, I do sport, etc.

Living donors live well and have no regrets. An survey on the quality of life of living kidney donors has recently been carried out. And the results are just as reassuring as the data from medical literature: Living donors live well and have no regrets. As can be seen by their enthusiasm and involvement in the act: 98% of people “would do it again” and 95% would recommend it to another person. They also incite to a different perspective on living kidney donors. A point of honour should be made that they are not usually penalised in their daily lives such as when taking out life insurance. This is the direction taken by the SCOR Group, and we should congratulate ourselves on our approach.

Yvanie Callie, Managing Director of Renalco, an association for the support, information of and help to patients suffering from kidney failure and their families.

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Living kidney donors often face difficulties when applying for life and temporary or permanent disability insurance to contract mortgages, for instance. This article provides the opinion of a medical director of a reinsurance company. After a short introduction to life insurance, it sets out to analyse and answer the question all insurance companies would instinctively ask in such situations: "You only have one kidney. You must be at risk… but… what is the risk?"

### Living kidney donors: are they still risky?

Extract from the journal “Le Courrier de la Transplantation – Vol. XI – no. 3 July-August-September 2011”

— Vol. XI – no. 3 July-August-September 2011”

End-stage chronic kidney disease requires replacement therapy either by extra-renal filtration (hemodialysis or peritoneal dialysis) or by renal transplantation. However possible, transplantation is a real opportunity due to the better quality of life of the organ recipients and, as observed in most studies, increased patient survival rates. Donors are a problematic form of treatment in order to carry out transplantation a donor organ is needed which can come from either a living donor or a cadaver in both cases, thorough tests are required to determine the feasibility of transplantation. The procedure is also regulated by extremely strict administrative and ethical rules. Although living donors only represent 7% of the transplants performed in France (according to the records of the Biomedicine Agency), the use of living donors is currently the subject of many changes being made to the laws on bioethics, as techniques have improved and the generosity of living donors results in a significant improvement of the post-transplant results (see the figure below).

For several years there has been a disparity between the number of kidneys available for transplantation and the number of patients waiting for transplant. In other words, there is a shortage of available kidneys. One way of overcoming this disparity is to appeal to healthy people to donate their kidneys when necessary. Post-transplantation, the number of long kidney donors is to be increased.

Insurers have to decide whether donors, who have undergone surgery to remove the organ and now live with a single kidney, have an increased risk of mortality, temporary or permanent disability. If it is the case, it would impact on an insurer’s technical results and therefore need to be covered by extra premiums.

Two large scale medical trials have recently been published on the outcome of living kidney donors. They are valuable studies as they include large numbers of living donors followed up relatively long periods, enabling insurers to draw fairly decisive and valid conclusions.

The first was an American study it was carried out by a medical team working at the University of Minnesota and published in the New England Journal of Medicine (1). Over 3,900 donors were followed up over periods ranging from 3 years to approximately 20 years. These donors were compared to control subjects with both a 100% mortality rate and 100% morbidity rate. Mortality was one of the parameters studied. This was identical in both living donors and the control population. The study emphasized the excellent quality of life and extremely high physical and normal long-term health of living donors.

The second study was carried out in Japan. It was produced by a medical team from the University of Kyoto, published in Transplantation (2) and included over 480 donors. It provided a lot of information. One initial finding, which was reassuring, is that none of the 480 donors studied showed any signs of a statistical difference in mortality. However, two observations were made, however, invisible to the technical still very real. The complications were treated without long-term problems. The second was a finding concerning long-term survival rates. With a maximum period of 35 years and an average follow-up of 15 years, the mortality of living donors was slightly lower than that of a separate control population.

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They took their decision “without hesitating”. It was “natural” and “normal”. These testimonies, based on actual experiences, are sincere and effective pleas for an increase in the number of such transplants.

They also invite to a different perspective on living kidney donors. A point of honour should be made that they are not unfairly penalised in their daily lives such as when taking out life insurance. This is the direction taken by the SCOR Group, and we should congratulate ourselves on our approach.

#### What should insurers retain from these studies?

The first message is that insures should now consider that kidney donation does not increase the mortality risk. Living kidney donors are people who, in one way or another, have been medically selected for their ability to donate an organ. They have undergone comprehensive medical checks and in depth tests to ensure that living with a single kidney would not be harmful to them.

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#### Differences in long-term survival

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Why are the Netherlands the world champions of living kidney donors?

This is also an extremely interesting question and central to the removal of organs from living donors. It is both easy and difficult to answer this question. Regarding the issue of links with societal, cultural, religious and geographic factors, it can probably be explained by the existence of a supranational organisation for cadaver donors on a single continent with a certain cultural unity, such as Europe.

The role of cultural and political factors is another issue which explains the rise in the number of living donors in Japan. It is also fascinating to see the differences even within a single continent with a certain cultural unity, such as Europe.

To answer the question relating to the Netherlands, the widespread use of living donors can probably be explained by the existence of a supranational organisation for cadaver donors (International R&D Centre for medical selection and renal transplantation), as well as an Anglo-Saxon, dare I say, Fronteien tradition, and a pragmatic approach promoted by charismatic leaders.

What are the conditions which have to be met to become a living kidney donor?

From a medical point of view, many tests are required and there are a large number of contraindications. From the medical point of view, many tests are required and there are a large number of contraindications. Although the role and commitment of strong local and/or national personalities should not be overlooked, the most important factors are economic, societal, cultural, religious and geographic.

The involvement of a country and the way it manages the thorny issue of the demand for organs is the result of a multitude of factors. Among the role and commitment of strong local and/or national personalities should not be overlooked, the most important factors are economic, societal, cultural, religious and geographic.

For example, the high number of living donors in Norway is understandable due to the distances and travelling conditions that make removal of organs from brain-dead patients problematic. The role of cultural and political factors is another issue which explains the rise in the number of living donors in Japan. It is also fascinating to see the differences even within a single continent with a certain cultural unity, such as Europe.

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Why are the Netherlands the world champions of living kidney donors?

The involvement of a country and the way it manages the thorny issue of the demand for organs is the result of a multitude of factors. Although the role and commitment of strong local and/or national personalities should not be overlooked, the most important factors are economic, societal, cultural, religious and geographic.

For example, the high number of living donors in Norway is understandable due to the distances and travelling conditions that make removal of organs from brain-dead patients problematic. The role of culture and political factors is another issue which explains the role in the number of living donors in Japan. It is also fascinating to see the differences even within a single continent with a certain cultural unity, such as Europe.

To answer the question relating to the Netherlands, the widespread use of living donors can probably be explained by the existence of a supranational organisation for cadaver donors (Eurotransplant), as well as an Anglo-Saxon, dare I say Protestant, tradition and a pragmatic approach promoted by charismatic leaders.

What are the conditions which have to be met to become a living kidney donor?

This is also an extremely interesting question and central to the removal of organs from living donors. It is both easy and difficult to answer this question. Regarding the issue of links with the donor, this is something lawmakers must decide. The answers will therefore be determined team to team. Based on international recommendations, the following are considered to be contraindications:

- Impaired renal function defined by a glomerular filtration rate below 60 ml/min/1.73 m²
- Body mass index greater than 30-35 kg/m²
- Glucose intolerance
- Severe or uncontrolled hypertension
- Cardiovascular disease
- Tumour
- Active Hepatitis B or C
- HIV positive serology
- Active hepatitis B or C
- Active ulcerative colitis
- HIV positive serology
- Active neurological disease
- The donor's psychological stability must be assessed by an independent expert in order to exclude any element of constraint or contract
- From a surgical viewpoint, the contraindications depend on the experience and aims of the medical teams.

As you can see, there is a large number of rules to apply in this domain because, more than in any other field of medicine, the principle of "Primum non nocere" must be applied (1).

From the medical point of view, many tests are required and there are a large number of contraindications. There is a long list of international recommendations. It is always important to ensure that the donor's wish is the first consideration, followed by that of the recipient. It is only after fully assessing this aspect that the purely medical evaluation is undertaken, though it must be stated that this step exludes up to 45% of potential donors (personal data). The "age" of the donor is also a significant issue, as it varies considerably depending on the medical teams.

With regards to which tests are required, it is difficult to supply an exhaustive list because it varies from team to team. Based on international recommendations, the following are considered to be contraindications:

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As you can see, there is a large number of rules to apply in this domain because, more than in any other field of medicine, the principle of "Primum non nocere" must be applied (1).

(1) "Above all, do no harm - Hippocrates"