

To the Editor:

Rees et al [1] have shown the feasibility of global kidney exchange (GKE) to overcome financial cost and to address the current shortage of organs for transplantation. Wiseman and Gill [2] question their interpretation of the definition of financial incompatibility.

The authors [1] do not factor in the well-documented cognitive and emotional aspects of kidney transplantation. Particularly relevant to kidney transplantation is how patients calculate risk and the emotional turmoil characterized by anxiety and fear, which are directly correlated to posttransplant adherence [3]. We found that in the United States, only 24% of centers reported formal cognitive testing of potential living donors [4].

We suggest that transcultural counseling should be an integral part of the workup of patients participating in GKE. Transcultural counseling will enable the therapist to consider informed consent issues for people from different races, cultures, genders, generations, life stages, sexual orientations, or religions in a sensitive manner [5]. A counselor with, for example, strong affiliation to family values may advise an immigrant with complications from human immunodeficiency virus to return to his own country, where he would find family support [6], instead of working through the psychosocial issues. Culturally and linguistically appropriate methods have been suggested to eliminate disparities and to achieve equity in health care services [7].

An “institutional construct” [2] that includes transcultural counseling would be required to navigate worldwide exchange of kidneys, not only from the Philippines to the United States but potentially from any developing country to the developed world. Future studies may involve training multilingual counselors and matching clients and therapists based on religion, culture, ethnicity, and race.

In summary, both the client and the therapist should acknowledge each culture's perspective within the therapeutic process, both before and after transplant. There is clearly a need for cultural sensitivity in working with diverse communities, locally and globally, to formulate best practices for GKE. Transcultural counseling that includes cultural factors or belief systems different from one's own will resolve ethical dilemmas in decision making that will inevitably arise if GKE becomes widespread.

References

1 Rees MA, Dunn TB, Kuhr CS, et al. Kidney exchange to overcome financial barriers to kidney transplantation. *Am J Transplant* 2017; 17: 782–790.

2 Wiseman AC, Gill JS. Financial incompatibility and paired kidney exchange: Walking a tightrope or blazing a trail? *Am J Transplant* 2017; 17: 597–598.

3 Baines LS, Little DJ, Nee R, Jindal RM. Non-adherence codes in the new ICD-10: Need for prospective trials. *Am J Nephrol* 2015; 42: 148–150.

4 Brar A, Jindal RM, Abbott KC, Hurst FP, Salifu MO. Practice patterns in evaluation of living kidney donors in United Network for Organ Sharing-approved kidney transplant centers. *Am J Nephrol* 2012; 35: 466–473.

5 d'Ardenne P, Mahtani A. *Transcultural counselling in action*. Thousand Oaks, CA: SAGE; 1999.

6 Lago C. *The handbook of transcultural counselling and psychotherapy*. Maidenhead, UK: Open University Press; 2011.

7 Cooper LA, Hill MN, Powe NR. Designing and evaluating interventions to eliminate racial and ethnic disparities in health care. *J Gen Intern Med* 2002; 17: 477–486.