

Division of Transplantation of HRSA has given a clear direction to UNOS: increase the total number of expected life-years gained in the first 5 years after the transplant for all deceased donor kidney recipients compared to what would be expected for these patients had they remained on the waiting list. As a result, UNOS is underway with a reassessment of the kidney allocation system in this country.

These are realistic times for us to care as best we can for those who are before us in need. However, we cannot have an expectation that the young live vendor is the solution for the enlarging elderly population of candidates on the waiting list, previously deficient of proper medical care over the course of their lifetime.

1. Kaserman DL, Barnett AH. An economic analysis of transplant organs: a comment and extension. *Atlantic Econom J* 1991; **19**: 57–63.
2. [http://www.nyodn.org/organ/l\\_legispass\\_9.html](http://www.nyodn.org/organ/l_legispass_9.html).
3. Delmonico F. Exchanging kidneys – advances in living-donor transplantation. *N Engl J Med* 2004; **350**: 1812–1814.
4. Barsoum RS. Chronic kidney disease in the developing world. *N Engl J Med* 2006; **354**: 997–999.

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## Response to ‘Voluntary reciprocal altruism: A novel strategy to encourage decreased organ donation’

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LifeSharers is already using voluntary reciprocal altruism to increase organ donation rates in the United States.<sup>1</sup>

LifeSharers is a non-profit organ donation network. Members agree to donate their organs when they die. They also agree to offer their organs first to other members, if any member is a suitable match, before offering them to non-members.

By directing their donation in this fashion, LifeSharers members create an incentive for non-donors to register as donors and join the network.

Membership in LifeSharers is free and open to all at [www.lifesharers.org](http://www.lifesharers.org) or by calling 1-888-ORGAN88. Adults can enroll their minor children.

LifeSharers currently has over 4000 members, including members in all 50 states and the District of Columbia.

1. Landry DW. Voluntary reciprocal altruism: a novel strategy to encourage decreased organ donation. *Kidney Int* 2006; **69**: 957–959.

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## Response to ‘Voluntary reciprocal altruism: A novel strategy to encourage decreased organ donation’

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Our proposal to increase deceased organ donations, ‘Voluntary reciprocal altruism,’<sup>1</sup> was designed to encourage anonymous reciprocity without disturbing the altruism that undergirds current decisions to agree to organ donation at death. To accomplish this objective we included an option for potential donors to indicate a preference for their organs to be donated to those who also agree to donate. This decision by a few would reward the many who choose to donate without restriction and, through the creation of doubt about organ availability, would penalize non-donors. The phenomenon in which a few individuals, at a cost to themselves (in this case, the psychological burden of agreeing to donate), reward the benefactors of society (the altruistic donors) and punish the violators of social norms (the selfish non-donors) is called strong reciprocity. Strong reciprocity enhances anonymous altruism and is anticipated to increase total donors even as only a minority opt for restricted donation.

In contrast, the LifeSharer network is a private club in which members agree to offer their organs first to other members, if a member is a suitable match. This sort of insular arrangement does not lend itself to a full expression of strong reciprocity and thus is not a true representation of Voluntary reciprocal altruism.

1. Landry DW. Voluntary reciprocal altruism: a novel strategy to encourage decreased organ donation. *Kidney Int* 2006; **69**: 957–959.

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## Preventive measures may not reduce the demand for kidney transplantation. There is reason to suppose this is not the case

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To the Editor: The recent editorial by Delmonico<sup>1</sup> suggests that a national program of aggressive preventive measures would result in a reduction in demand for kidney transplantation. There is reason to suppose this is not the case.

Most patients with chronic kidney disease die from cardiovascular complications before reaching end-stage renal