

Underwriting

Kidney Transplants



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UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
“NO.”

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
“YES.”

Healthy kidneys are essential to filter the blood and produce urine to rid the body of waste. The kidneys also produce substances that help control blood pressure and control the formation of red blood cells.

End stage renal (kidney) failure is usually incurable. Death can however be postponed with kidney dialysis, hopefully until a kidney transplant becomes available.

Some Kidney Transplant Facts are in Order

1. In 2000, 50,305 patients were waiting for a kidney.
2. In 2000, 13,372 kidneys were transplanted.

3. Of these 13,372 transplants, 5,293 were from living donors. The balance came from cadavers.

4. 94% of kidneys from a live donor were still functioning one year after surgery.

5. 88% of kidneys transplanted from a cadaver were still functioning one year after surgery.

If your doctor believes that you may be a candidate for a kidney transplant, he will refer you for evaluation at a transplant hospital, where you will be tested for blood type, matching factors, and to determine whether you are healthy enough for surgery to succeed.

If a friend or family member is willing to donate a kidney, they will be evaluated to determine if there is a good match. If they are, then side-by-side surgery will be scheduled.

Otherwise you will be put on a waiting list to receive a kidney from a cadaver. Your wait for a kidney, depending upon the degree of matching between you and donor could be many years long. Blood type and HLA factors must be compatible. Your immune system must also not produce antibodies that react against the donor's tissues.

Post-Transplant Care

Your body's immune system will naturally sense that the new kidney is foreign and try to reject it. To minimize the risk of rejection, powerful immunosuppressant medications must be taken on a regular basis. These can weaken the immune system leading to infections.

There can also be serious side effects including an increased risk of developing cancer, cataracts, diabetes, high blood pressure, and bone disease. Over time these powerful drugs may even cause liver and kidney damage.

Even if everything goes well, in time your body may still reject the new kidney and it may become necessary to go back onto dialysis. In this event you may be placed back on the waiting list for a second transplant.

Someone with a history of a kidney transplant presents very special underwriting problems. Survival rate depends upon the following:

1. What was the cause of the kidney failure?
2. How old was the patient at the time

of the transplant?

3. How close was the match?
4. Type of donor (live or cadaver).
5. Severity or presence of other medical problems.

To properly evaluate a client's insurability you must ask the following important questions:

What was the cause of the kidney failure?

Why did the kidneys fail? Was it caused by a disease of the kidney? Was it caused by another medical condition, such as diabetes? This is critical to the success of any transplant, and as well to the underwriting evaluation.

What was the source of the new kidney?

Ideally, the kidney should come from an identical twin. Next best would be a living relative who is an ideal match. Next best would be a live donor who is a “good” match. Poorest is a kidney from a cadaver.

How old was the client at the time of transplant?

Transplantations performed on patients under 15 or over 65 years of age are considered to be much poorer risks for life insurance.

What current medications is the client taking?

It is important to document all medications being taken following the transplant, and whether they are being taken regularly as prescribed.

Does the client have any other medical problems?

Clients with any other significant medical problems in addition to the kidney transplant are not likely to be insurable on any reasonable basis.

UNDERWRITING PROGNOSIS

Do you believe that a kidney transplant history means your client is uninsurable? If you do, you are probably wrong, except in cases involving severe rejection, and/or other significant medical problems.

A client who has received a kidney transplanted from a living identical twin is probably insurable in as little as a few months following surgery. On the other hand, a transplant from a cadaver with a good match would require postponement for at least 2 years or longer.