



# ASTS

American Society of  
Transplant Surgeons

## ASTS Statement on Procurement of HIV+ Organs

The issue of surgeons declining to procure organs from HIV+ donors came forth to the leadership of the ASTS who asked the Ethics Committee to address this situation.

### Definition of the problem:

HIV was once considered an absolute contraindication to organ donation. As the fields of transplantation and infectious diseases have advanced, protocols have been developed to consider utilization of organs from HIV+ donors, as organs continue to be a scarce resource. It came to the attention of the leadership committee that some surgeons have refused to procure organs from these donors. The leadership asked the Ethics Committee to address this concern.

ASTS Principles regarding procurement of organs from HIV+ donors

1. HIV was once considered an absolute contraindication to organ donation. More recent data and protocols support the utilization of these organs for appropriate recipients to optimize beneficence.
2. The United States government expressly endorses transplantation of HIV+ donor organs with the HIV Organ Policy Equity (HOPE) Act. Given the shortage of organs for transplantation, using HIV+ donor organs increases the availability of organs for transplantation for appropriate recipients (**utility**).
3. The wishes of individuals with HIV who elect to donate their organs, either through living or deceased donation pathways, and are deemed appropriate donor candidates, should be respected based on the ethical principle of **autonomy**.
4. There is excellent data that demonstrates the low risk of transmissibility of HBV, HCV, and HIV to health care workers. HIV is well-documented to be the least transmissible of the three. HCV is a common indication for liver transplantation and is an acceptable donor-derived infectious disease for deceased donor heart, lung, liver and kidney transplantation. Transplant surgeons are frequently exposed to HCV and do not cite this infection as a reason for refusal to perform donor or recipient operations, thereby suggesting that this reasoning is not valid for HIV+ donors.
5. There is strong data to support the use of post-exposure prophylaxis in the setting of an actual or potential exposure. There has been no well-documented health-care worker seroconversion in surgery from direct patient contact since 1999.
6. The ethical principle of beneficence is generally cited to support operating on patients with HIV who stand to benefit from the operation. While organ donors do not directly benefit from the procurement operation, organ transplant recipients do, so the principle of beneficence (e.g., maximizing benefits and minimizing harms) supports organ procurement from HIV+ donors.
7. It is the position of the ASTS that refusing to procure organs from an HIV+ donor or refusing to operate on an HIV+ recipient is neither ethical nor scientifically sound. Utilization of organs from HIV+ donors should be encouraged and facilitated



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within the confines of well-designed protocols. Moreover, surgeons should utilize universal precautions when operating on all donors and recipients, not just those with known HCV, HBV or HIV, to reduce the risk of infectious disease transmission as recommended by the CDC since 1987, and part of standard precautions since 1995.