
Editorial Comment

Is it Possible to Maintain the Highest Number of Transplantations in Croatia on Long Term?

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Croatia is home to one of the most successful kidney transplant programs in the world. Since the beginning of the 1970s, more than 3500 kidney transplantations have been performed in one of four transplant centers in Croatia-University hospital centre Zagreb, University hospital centre Rijeka, University hospital Merkur and University hospital centre Osijek.

Based on progress in organ donation, Croatia was accepted as a full member of the Eurotransplant in 2007. This was an important moment in the development of transplantation medicine. Many patients who spent more than 20 years on the waiting list received kidney allograft. Kidney and patient survival results are better than in Eurotransplant, demonstrating good organization and well-educated personnel.

The success of our transplant program is based on factors including a thorough medical evaluation of each patient to determine eligibility and a full discussion of options for transplantation. Excellent organization, enthusiastic nephrologists and support from the media and society in general have made Croatia the world leader in organ donation and transplantation. However, it is much easier to reach the top than to stay there.

Many factors may influence future development of the transplant program. It is clear that organization should not be the problem-well-educated network of coordinators has proven its quality. Almost every hospital in Croatia has already referred at least one donor. Surgeons are well-experienced even for the most complicated sur-

gical procedures. Nephrologists have evaluated more than 1500 potential renal transplant recipients and followed up more than 2500 patients with functioning kidney allograft. Results are excellent.

While in many countries patients die needlessly whilst waiting for an organ transplant, average waiting time for renal transplant in Croatia was less than 2 years in the year 2013, mostly due to time necessary for pretransplant evaluation.

Support from the media is fantastic. There were no negative stories that would negatively impact on transplantation. So, what is the problem? Do we have a problem at all? Is it possible to maintain the highest number of transplantation in Croatia on long term?

I believe it is possible to stay on the top. However, a different approach to transplant teams is necessary. Croatia is facing severe financial crisis as the rest of surrounding countries. Crisis inevitably reflects on the most consuming part of the budget-health service. Cuts in the costs are present everywhere. One could not expect transplant teams to come from home and work for nothing. Current financial situation in Croatia may influence organ donation and transplantation. Authorities should keep in mind that kidney transplantation is the cheapest method of renal replacement therapy. Enthusiasm of the transplant team members is melting. Optimistically, I believe that our Ministry of health will recognize the problem and prevent destruction of our most successful health project.