The Transplant Center
at
Beth Israel Deaconess Medical Center

Patient Responsibility Agreement

General Statement

There are not enough donated organs for every person who needs, or could benefit from, a transplant. Transplant programs, such as The Transplant Center at Beth Israel Deaconess Medical Center, try to make sure that a transplant will benefit each recipient and that the organs donated by others at the time of their death are used responsibly. This means that we select patients who are medically, emotionally, and financially able to follow the many requirements of a successful transplant.

Patients with a history of substance abuse or dependency, whether or not this was the cause of their organ failure, must show their commitment to a healthy lifestyle by following the recommendations of the transplant team both before and after transplantation.

Responsibility Agreement

I, _____, wish to undergo evaluation for transplant. By undergoing evaluation, I agree to the following conditions of participation in the transplant program:

1. I understand that I have a disease that may involve alcohol or substance abuse. I accept abstinence from alcohol and/or drugs as a long-term goal for my medical and mental health.

2. I understand that at least 3 months of out-of-hospital abstinence is required before transplant listing. Abstinence is defined as "no use under any circumstances" and pertains to alcohol and other drugs of dependence or abuse. Continued lifetime abstinence may improve the chance that I will experience positive health outcomes. Therefore, I understand that the transplant program expects continued lifetime abstinence. I agree to adopt this as an expectation for myself as well.

3. I agree to participate in a behavioral health assessment by the transplant psychologist. I understand that my primary caregiver is expected to participate in this evaluation as well.

4. I understand that participation in a relapse prevention program is required for those who have been abstinent for less than 24 months. I understand that such treatment may include, but is not limited to, support groups, individual therapy, inpatient, outpatient, residential, and/or community based programs such as Alcoholics Anonymous or Narcotics Anonymous. I will work with the transplant team to decide which type of treatment is best for me.

5. If participating in a relapse prevention program, I agree to give the transplant program monthly written reports (usually in the form of a letter by the treating professional) of my progress in treatment. I will allow my primary physicians to discuss my treatment plan and progress with significant others in my life, including concerned family members. I consent to the sharing of medical records among all of my inpatient and outpatient providers, specifically including psychiatric and substance use records.

6. I understand that it is my responsibility to follow up with my medications, medical, psychiatric, psychological, and/or addictions appointments. It is also my responsibility to adhere to any other treatment or diet recommended by my physicians and the transplant team.

7. I understand that use of any prescription narcotics or sedatives must be pre-approved by the transplant physician.

8. I agree to undergo random urine and/or blood screens for substance use as requested by the transplant program.

9. I agree to inform the transplant team if I relapse and use substances of abuse.

10. Substance use during the evaluation process or while listed for transplantation will be examined promptly by the transplant team. I will be required to participate in another evaluation by the transplant social worker and psychologist. Following this evaluation, the transplant program might require a longer abstinence period before I can be re-considered for transplant listing. They might also require me to participate in another substance abuse treatment program. If I am on the transplant list, any non-approved substance use will result in being moved immediately from active to inactive listing status. I will have to be re-evaluated by the transplant social worker and psychologist. Based on these evaluations, the transplant team may decide to place me back on the transplant list, require more substance abuse treatment before re-listing, or remove me from the transplant list permanently.

Signatures

I understand that this agreement is a part of the transplant evaluation process. My signing it does not guarantee my acceptance by The Transplant Center at Beth Israel Deaconess as a transplant candidate. I understand that not following this agreement may compromise my status as a transplant candidate. I have read this policy and the transplant social worker or psychologist has reviewed it with me. I have had the opportunity to ask questions. These questions have been answered to my satisfaction. I agree to follow what is in this policy. I have been given a copy of this policy for future reference.

Patient _____ Date_____

I have explained the policy to the patient and have answered all questions.

Transplant Social Worker _____ Date_____
or Psychologist