



Investigation Respondent: Nurse with Kidney Transplant at Qinghai University-affiliated Hospital

Investigation Date: March 6, 2022 (+86- 9716230853)

Summary

1. Kidney sources are registered online after they are voluntarily donated following the consent of deceased patients' or dying patients' families. And they will be distributed in the context of equality and geological proximity under the principles of fairness, equity and openness.
2. If a kidney source becomes available, a coordinator will naturally contact you. Our department has a coordinator specifically in charge of kidney transplantation. One is Li Ming, Dr. Li. And there is also Zhang Baolin, Dr. Zhang.

Investigation Recording

Investigator: Hello, hi! It's Qinghai University-affiliated Hospital, right?

Nurse: Yes, right.

Investigator: Well, look, Doc, I wanted to contact your hospital. We are calling all the hospitals now. Now my family member has uremia. The doctor suggested that he should do a kidney transplant as soon as possible. I am thinking... we are still calling various hospitals. I would like to ask if a lot of people are waiting in line at your hospital? And another thing is, is there a shortage of beds?

Nurse: There's no shortage of beds, but about people waiting in line, if you want to do kidney transplant, you will have it done only when kidney source becomes available, you know. About the kidney source, you have to register on the national organ transplant platform and wait in line. When a kidney source is available, you will be notified. And then you'll come here for... you'll be hospitalized for surgery, you know?

Investigator: Ah, I understand.

Nurse: The thing is, we don't have any kidney sources right now, you know?

Investigator: Does that mean...

Nurse: The kidney source is now... kidney sources are registered online after they are voluntarily donated following the consent of deceased patients' or dying patients' families. And they will be distributed in the context of equality and geological proximity under the principles of fairness, equity and openness. You see what I mean?

Investigator: So that's how it works.

Nurse: Ah.

Investigator: Got it.

Nurse: Well, the major concern is the kidney source. Beds are always available.

Investigator: Then how do we go about doing this kidney transplant? So we go to your hospital first...that is, we have the medical file now. So, after we go to your hospital, we will wait after you have done matching...is this what you mean?



Nurse: Register, register first. For example, after you complete the matching such as HR, etc. and then you upload all that information online.

Investigator: Oh.

Nurse: After uploading online, if a kidney source becomes available, a coordinator will then contact you, he'll notify you by phone, telling you a kidney source has become available and you can come over for surgery. And you come directly, you know?

Investigator: Oh, this is...

Nurse: The time the kidney source becomes available is the time you come for surgery.

Investigator: Oh, that's how it is, but didn't they say...

Nurse: Yes, right.

Investigator: Oh, now it's like this. Look, we... I've asked many hospitals and they all said that they (kidneys) were picked up from the bank, and then there is a wait line. Many people just couldn't make that line. So I just wanted to ask various hospitals. Your hospital works this way. That is to say...

Nurse: Well, it's not that our hospital works this way. All hospitals that can perform transplantation work this way. Of course, what I just told you about waiting in line is also one thing. If you register early, you will definitely be given priority... the matching will be done for those who register early. For example, there are two kidney sources, and both of which match this person. Then the person who registered first will be given priority, you know.

Investigator: Oh, that's how it works.

Nurse: This... this is also regarded as waiting in line, doing it online.

Investigator: Oh, that's how it works, oh, oh, that's how...that's how things are.

Nurse: Yeah, right.

Investigator: Then we'll go...

Nurse: Now it's all through... through formal channels. There is no such thing as the old way of doing things, for example, using death row inmates, by which, the deal was done privately with you for kidney transplantation. There is no such thing now.

Investigator: Oh now...

Nurse: That is to say, the kidney source is relatively rare.

Investigator: That is to prevent...

Nurse: All these kidneys are obtained through voluntary donation, you know?

Investigator: You...you...

Nurse: Both of them.

Investigator: Tell me about this Zhang... Zhang what? I'll make a note of it.

Nurse: Li Ming, Doctor Li.

Investigator: Li Ming, Doctor Li, and...there is also a Zhang something?

Nurse: Eh, Zhang Baolin, Doctor Zhang, ah.



Investigator: Zhang Baolin, yes.

Nurse: They are the coordinators specifically in charge of this kidney transplant, ah.

Investigator: Oh.

Nurse: About your specific questions, for example, how to upload, how to register these things, maybe they will know better, talk to them for advice.

Investigator: Ah, talk to them for advice. They are chief surgeons, right?

Nurse: They are not chief surgeons, they are coordinators. Our hospital? ? (Inaudible).

Investigator: Oh, they are coordinators. Let me note it down.

Nurse: Ah.

Investigator: Oh, coordinators, oh.

Nurse: Okay?

Investigator: Okay, okay, the...the chief surgeon, is his skill very good?

Nurse: The chief surgeon is for sure very good. He is the directors of our department.

Investigator: Oh, it's him...

Nurse: You don't have to worry about this. The main issue now is that there is no kidney source. Let me tell you again, surgery is not an issue, and skills are not an issue either, you know?

Investigator: Oh, oh.

Nurse: The main issue is that the kidney source is not available. There is no kidney source, especially in our northwest region. Due to the... ethnic... reasons, coupled with conservative thinking, no one is willing to donate this thing.

Investigator: Yes.

Nurse: That is why we rarely do it, we did relatively little, you know?

Investigator: Yes, yes, that's true. ah.

Nurse: This is the main reason.

Investigator: Ah

Nurse: When it was in the 1960s...in the 1990s, we...we could do quite few transplants a month, right? At that time, kidneys were all from death row inmates, but no more now.

Investigator: Right, let me tell you, I tell you something. We have a relative who had his transplant done in a big hospital, but I wouldn't have told you, he used the organ from someone who practiced qigong, some Falun Gong practitioner, he is still alive now. So now he suggested that, if I go ask, I should ask if there is such an organ, I... I...

Nurse: We don't have such information here, huh.

Investigator: Isn't that so, I mean..

Nurse: We don't have that here, um, okay?



Investigator: Okay

Nurse: Yeah

Investigator: Okay, then... then...

Nurse: Okay, so you can ask them for specifics.

Investigator: I mean, if you have such an organ, we are willing to spend more money.

Nurse: Well, come here and ask the coordinator. Oh, they may be more knowledgeable about this, so you can ask them.

Investigator: Okay.

Nurse: If there is... because I...I am not involved in kidney transplantation, ah.

Investigator: Oh, okay,

Nurse: We are sub-... sub-... sub-specialties... there is a clear division.

Investigator: Oh, okay, then I will talk to him tomorrow.

Nurse: Yeah.

Investigator: Okay.

Nurse: Okay, okay.

Investigator: Okay, thank you, okay.

Nurse: Okay, bye.

Investigator: Goodbye.