References

1. Einollahi B. Iranian experience with non-related renal transplantation. *Saudi J Kidney Dis Transplant*. 2004;15(4):421-8.
2. Oien CM, Reisaeter AV, Leivestad T, Pfeffer P, Fauchald P, Os I. Gender imbalance among donors in living kidney transplantation: the Norwegian experience. *Nephrol Dial Transplant*. 2005 Apr; 20(4): 783-9.
3. Griffin A. Kidneys on demand. *BMJ* 2007; 334:502-5.
4. Avula S, Sharma RK, Singh AK, Gupta A, Kumar A, Agrawal S, Bhandari M. Age and gender discrepancies in living related renal transplant donors and recipients. *Transplant Proc*. 1998 Nov; 30(7): 3674.
5. Ghods AJ, Nasrollahzadeh D. Gender disparity in a live donor renal transplantation program: assessing from cultural perspectives. *Transplant Proc*. 2003 Nov; 35(7): 2559-60.
6. Zimmerman D, Donnelly S, Miller J, Stewart D, Albert SE. Gender disparity in living renal transplant donation. *Am J Kidney Dis*. 2000 Sep; 36(3): 534-40.
7. Bloembergen WE, Port FK, Mauger EA, Briggs JP, Leichtman AB. Gender discrepancies in living related renal transplant donors and recipients. *J Am Soc Nephrol*. 1996 Aug; 7(8): 1139-44.
8. Kayler LK, Armenti VT, Dafoe DC, Burke JF, Francos GC, Ratner LE. Patterns of volunteerism, testing, and exclusion among potential living kidney donors. *Health Care Women Int*. 2005 Apr; 26(4): 285-94.
9. Thiel GT, Nolte C, Tsinalis D. Gender imbalance in living kidney donation in Switzerland. *Transplant Proc*. 2005 Mar; 37(2): 592-4.
10. Zeier M, Dohler B, Opelz G, Ritz E. The effect of donor gender on graft survival. *J Am Soc Nephrol*. 2002 Oct; 13(10): 2570-6.
11. Kwon OJ, Kwak JY, Kang CM. The impact of gender and age matching for long-term graft survival in living donor renal transplantation. *Transplant Proc.* 2005 Mar; 37(2): 726-8.
12. Simmons RG. Related donors: costs and gains. *Transplant Proc*. 1977 Mar; 9(1): 143-5.

Unpaid hospital bills

A recent case in which a patient died after a heart attack and kidney failure at Hiranandani Hospital in Powai, Mumbai, has raised several ethical issues. The patient was in the hospital for one month. The bill came to Rs 7.3 lakh. When he died, the hospital refused to hand over the body to the family unless the bill was cleared. There was a shortfall of about Rs 4 lakh.

Did the family opt for Hiranandani hospital? Or did a third party administrator (TPA) direct the family? Was the family told at some stage that the bill would run into several lakh rupees? Was a transfer to a cheaper or municipal hospital offered? Did the hospital act correctly in keeping the body till the bills were cleared? Does the hospital have an ethics committee that can decide on such issues rather than force the issue into court?

In my opinion, TPA panels must not include doctors, nursing homes, or hospitals. The insured person must be free to choose her/ his doctor or hospital so long as each is qualified and registered. Hospitals must have a medical audit system. Repeated investigations and procedures, which are often negative and non-contributory, must be avoided. It is better to give the patient the correct treatment irrespective of the cost. At the time of discharge, the hospital can settle the bill with what the patient can pay. The hospital may write off the balance or file a civil suit for recovery of dues.

P Madhok, *surgeon, Ashwini Nursing Home, 15th Road, Khar, Mumbai 400 052 INDIA e-mail: drpmadhok@yahoo.com*

Correction

The July 2007 issue carried an article by Einollahi Behzad, Nourbala Mohammad-Hossein, Bahaeloo-Horeh Saeid, Assari Shervin, Lessan-Pezeshki Mahboob, and Simforoosh Naser. (Deceased-donor kidney transplantation in Iran: trends, barriers and opportunities *Indian J Med Ethics* 2007; 4: 71-3). The correct affiliation of Dr Simforoosh is: Urology and Nephrology Research Center & Shaheed Labbafinejad Medical Center, Shaheed Beheshti University of Medical Sciences, Tehran, Iran.