Master 3.11 Answer Key (Sample)
Comparing the Past and Current Unos Policies

Compare the past and current UNOS policies by completing each of the three areas in the Venn diagram below. Include information about what is included in the policies, as well as what is not included. For example, you could write a phrase such as “prioritizes whoever is sickest” as well as a phrase like “doesn’t mention worth to society.” Characteristics unique to the past policy belong in the far left region; characteristics unique to the current policy belong in the far right region; and characteristics shared by both policies belong in the middle region.

Note to teachers: The completed diagram below provides one example of how a student might communicate his or her understanding of the past and current UNOS liver allocation policies. Students’ responses will vary, but look for the basic concepts shown below in their completed diagrams.

Before 1998 (past policy)   Both   Since 1998 (current policy)

- Used four medical-urgency-status categories to prioritize patients
- Prioritized patients within each local OPO area, even if they weren’t sickest
- Prioritized those who were on waiting lists longest, even if they weren’t sickest
- Patients’ doctors’ subjective opinions were used
- Healthier patients could get livers before very sick patients
- Severity of patients’ illness important
- Waiting list used
- No mention of worth to society
- No use of a lottery system
- Youngest patients not prioritized
- Those who will likely live longest not prioritized
- First-come, first-served not used
- Those responsible for disease not penalized
- Prioritizes Status 1 patients that will die within a week without a new liver
- Prioritizes all others using a MELD score—based on objective blood tests—that predicts their risk of death over the next three months
- Patients with the highest scores (highest risk of dying) receive next highest priority
- Ensures that sickest patients—Status 1 and those with highest MELD scores—receive livers first, whether or not they live in a local OPO area or region
- Objective medical data and medical tests—not doctors’ opinions—guide decision making