

GAME REVIEW

THE KIDNEY PROBLEM edited by Ronald Brunner. \$7.50 per team of 3-5 players; 20-50 players total. Instructor's Manual \$5.00. 15-20 hours with 2-3 hour joint session. Available via Center for Public Policy Research, Box 330, University of Colorado, Boulder, CO 80309.

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Policymakers are often faced with making difficult allocation decisions that have profound effects on people's lives. Perhaps, nowhere is this clearer than in medical decisions on who will receive an operation or a transplant. *The Kidney Problem* requires participants to make decisions on who is to receive a preferred medical treatment and who is to be denied such treatment. What makes this simulation unique is that the patient records are actual case histories from the files of a large midwestern University hospital. Detailed information on each patient is given and the participants are given the role of a committee that must decide which patients are to receive kidneys and in what order.

One copy of the case materials should be ordered for each team of players. In addition there is an instructor's guide with an extensive bibliography that may be ordered separately.

The case materials are split into two sections. The first section details the medical treatments available for end-stage kidney disease and the conditions under which these treatments are most

likely to succeed. There are two basic treatments, dialysis and transplant. The medical introduction has two primary points: Transplants are strongly preferred to dialysis, and there are insufficient numbers of kidneys to supply all transplant requests. One essential simplification of the real-life situation is made. Medically, all patients are considered qualified recipients of any kidney that may become available (tissue typing is ignored). The question then becomes: In what order are patients to receive a kidney? This is the policy dilemma the participants must deal with in the next section.

The second section of the case materials consists of case histories, 5-10 pages long, of 10 patients with end-stage kidney disease. As noted earlier, these are case histories of actual patients. These files consist of medical records, family history, social history, evaluation of family background, a psychological profile, and a report from a clinical social worker. Names have been changed to ensure anonymity.

The participants in the simulation should be split into groups of 3 to 5 people with each group receiving a copy of the case. Their assignment is to develop an allocation system to rank the 10 patients in terms of priority. Participants—in addition to developing an allocation mechanism—must also develop policy goals. Classic policymaking problems, such as less information than one wishes and disagreements within the groups, inevitably appear. Participants have reported using 15-20 hours apiece working on the problem. A 2-3 hour session to discuss the different schemas concludes the exercise.

The Kidney Problem has several strengths. First, because the files are of actual patients, the problem of realism is substantially easier to deal with than in most simulations. Participants become intensely involved and take the problem seriously. Second, the case is rich in applications and can be pointed in any number of directions. It has been used for discussions on ethics, emphasizing the moral questions, in courses on political economy, emphasizing the allocation question, and for policy process discussions, in which the formulation of policy was the primary focus. It would be equally valuable as part of a public health curriculum or in

programs for training medical professionals. Finally, the case brings home the idea that there is no *one* correct answer to many policy questions. The discussions of the varying schemas challenges participants to defend their rationales and forces them to evaluate alternative proposals.

Goals, unless emphasized by the instructor at the outset, are generally given minimal attention. Most groups tend to concentrate on describing the method being used to rank people. This can lead to surprising situations that drive home the paramount importance of goals. It is also possible to “catch” participants emulating bureaucratic styles. Rules—that they roundly condemn when they run into them in everyday life—are relied upon when they are faced with difficult choices. An example of this is building very rigid numerical rules (often based on subjective criteria) and following them fully: “Mark has 95 points. Dianne has 93 points. Therefore, Mark clearly goes before Dianne.”

There are a few cautionary notes. Participants may try to escape the dilemma by creating plans that eliminate the shortage problem by either expanding the supply or trying to introduce medical information that will reduce the number of acceptable recipients to one. There may also be problems if participants have the opportunity to discuss the case with previous participants. Lastly, it is *very* important that the project director structures the final discussion so as to extrapolate the discussion to broader policy questions. Overall, *The Kidney Game* is highly entertaining and valuable, and we recommend it with little reservation.