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## Foreigners on the waiting list

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Sir: As a retired nephrologist who took an active part in a kidney transplantation program for 25 years, I was quite amazed by point 2 of the resolution of the ESOT Council, presented by Dr. Gerhard Opelz in his preface to *Transplant International* (1991, 4:129).

The Council feels that the transfer of patients from low activity to high activity areas reduces the impetus to establish local transplantation services. I would rather believe that the opposite is true, namely, that patients returning home with transplants obtained elsewhere doubtlessly raises the following question among the local patients, doctors, and nursing staffs responsible for health and care:

why not in our own country? Such circumstances and consequent thoughts constituted extremely potent factors leading to local achievements in the past in all types of human activities.

As a European citizen, I would strongly advocate the free circulation of patients from one state to another, as it has been achieved in the medical profession. Indeed, in the United States of America, nobody would object to the news that a Texan received a kidney transplant in Minneapolis.

Europe is made up of many countries with distinct characteristics in various fields. If some patients living in the South have received organ transplants in the North, many more healthy people living in the North have enjoyed the unmatched splendors of the climates, landscapes, and cities of the South, as well as the natural amenity of the populations living close to the Mediterranean Sea.

On the other hand, I certainly agree with point 3 of the Council's resolution: it is unacceptable for doctors or institutions to charge fees in excess of the usual fee in use locally.