New research highlights stark inequalities in access to life-saving liver transplants

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New research published today reveals a stark reality for people with chronic liver disease in England: despite facing a high risk of death after emergency hospital admission, the vast majority are not receiving a potentially life-saving liver transplant.

Published in the peer reviewed journal Frontline Gastroenterology, the nationwide study of more than 82,000 patients found that just 0.64% received a liver transplant within a year of their first emergency admission, while nearly 38% died in that time.

The findings also expose significant inequalities in access to potentially life-saving treatment. Patients living in the most deprived areas were around half as likely to receive a transplant as those in the least deprived communities, and access varied depending on where people lived and the type of hospital they were admitted to.

People with alcohol-related liver disease – the most common cause of liver disease in the study – were the least likely to receive a transplant.

Pamela Healy, Chief Executive of the British Liver Trust, who were one of the research study's partners, said, "Today's research lays bare the stark reality facing people with liver disease. Too many are reaching crisis point, being diagnosed for the first time during an emergency hospital admission in A&E, and then sadly dying. . Only a tiny proportion go on to receive a life-saving transplant. The clear inequalities linked to where someone lives, and their level of deprivation are deeply concerning and must be addressed."

Lead author Professor William Bernal of King's College Hospital Trust added, "Our study shows that liver transplantation is used far less often than might be expected after emergency admission with chronic liver disease, and that access is uneven. With such high mortality, there is an urgent need to improve both equitable access to transplantation and the overall care these patients receive."

The study also highlights that patients admitted to hospitals with a transplant centre were significantly more likely to receive a transplant, underlining the importance of timely referral pathways and access to specialist services.

While liver transplantation can dramatically improve survival, the researchers emphasise that the number of transplants available is limited. They call for action not only to address inequalities in access, but also to improve early detection of liver disease, prevent avoidable harm—particularly from alcohol—and ensure better care during and after hospital admission.

Pamela Healy added, "Ultimately, we cannot rely on transplantation alone. We must do much more to prevent liver disease, diagnose it earlier and ensure everyone has fair access to the care and treatment they need, wherever they live."

Read the full study here: Liver transplantation in patients with chronic liver disease after emergency hospital admission in England: a nationwide study using linked datasets | Frontline Gastroenterology

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