

Ethics in Transplantation

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Introduction

- ❖ Has been a part of the field since it's inception
- ❖ Because of high media profile ethics play more of a role
- ❖ "Sense of desperation" plays a role

Early History of Ethics in Transplantation - 1972

“Tucker Trial



Rare Commodities

- ❖ Millions of patients could possibly benefit from organ transplantation however only approximately 25,000 performed
- ❖ Every 16 minutes someone on the transplant wait-list dies without transplant

Brian Death - 1968

- ❖ Ad hoc committee at Harvard Medical School publishes pivotal report defining irreversible coma - 1968
- ❖ ***Karen Ann Quinlan*** case-1976
- ❖ 1981 Presidential Commission issued landmark report - *Defining Death - Medical, Legal, and Ethical Issues in the Determination of Death*
- ❖ ***Uniform Determination of death Act*** - 1981

Declared cardiac death

- ❖ Protocols originated at University of Wisconsin and University of Pittsburgh in 1990's
- ❖ 1997 "60 Minutes" report on use of NHBD for transplantation poses question "*Are transplant programs using euthanasia to obtain organs?*"

Algorithms of Matching

- ❖ How do we choose whom to transplant?
- ❖ Long history of Ethnic Disparities (ABO matching, HLA matching, geographic matching)

Pay to Play

- ❖ Transplant procedures are expensive
- ❖ Universal coverage?

When to say “no”

- ❖ History of alcoholism, drug abuse
- ❖ History of cancer
- ❖ History of psychiatric diagnosis
- ❖ Very young, Very old

Recipient Diseases

- ❖ HIV
- ❖ Hepatitis C
- ❖ Alcoholism
- ❖ Psychiatric diseases

Disease Transmission Risks

- ❖ Higher risk donors (homosexuals, drug abusers, sexual workers, higher risk sexual practices, homelessness)
- ❖ Questionable or unknown causes of death

Informed Consent

- ❖ How much to disclosure is necessary?
- ❖ Can patients understand the risks?

Pregnancy after Transplantation

- ❖ Informed consent
- ❖ Risk of birth defects

Presumed Consent

- ❖ Instituted in other countries (Spain, Portugal)
- ❖ Problematic in more libertarian United States

Race in Transplant

- ❖ Long history of racial disparities in rate and quality of organs received
- ❖ Poorer outcomes in racial minorities - access to care?

Geographic Disparities

- ❖ #of donors/# Of recipients
- ❖ Disparate rates of transplantation across country

Paying Donors

- ❖ Living Donors
- ❖ Paying families after death of loved one
- ❖ Many countries have state compensated donors (Iran, Philippines)
- ❖ Transplant Tourism not officially state sponsored but rampant (India, Philippines, China)

Age Matching

- ❖ Older donors to older recipients?
- ❖ Outcomes are better in younger recipients

Non-directed donors

- ❖ Informed consent
- ❖ Is it worth the risk?
- ❖ How to distribute these donor organs?

Paired Exchanges

- ❖ Good for Good (donors)
- ❖ What about bad outcome?

Higher Risk Transplantation

- ❖ re-transplantation
- ❖ older recipients
- ❖ health risks (CV, smokers, infectious diseases, diabetics)
- ❖ desensitization
- ❖ ABO incompatible

Transplant Tourism

- ❖ How to care for these patients when they return?
- ❖ Quality of care
- ❖ What about the donors?

Smaller vs Larger Transplant Centers

- ❖ Quality argument
- ❖ Access to care

Multi-organ Transplantation

- ❖ Are single organ recipients unfairly losing out on organs?
- ❖ Are outcomes better?

The Future

- ❖ Stem Cell Transplantation
- ❖ Xenotransplantation