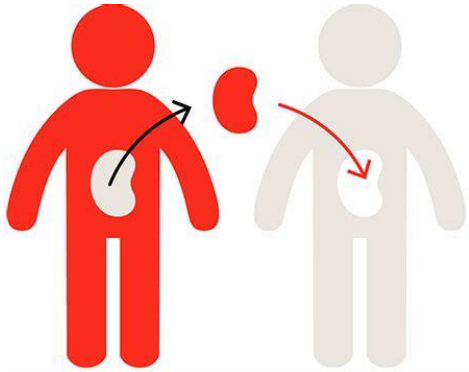
Universität Zürich[UZH]

Institut für Biomedizinische Ethik und Medizingeschichte

Transplantation

Prague School of Bioethics
Prague, 18 October 2019



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Structure

I. Transplantation – A Goldmine for Ethics

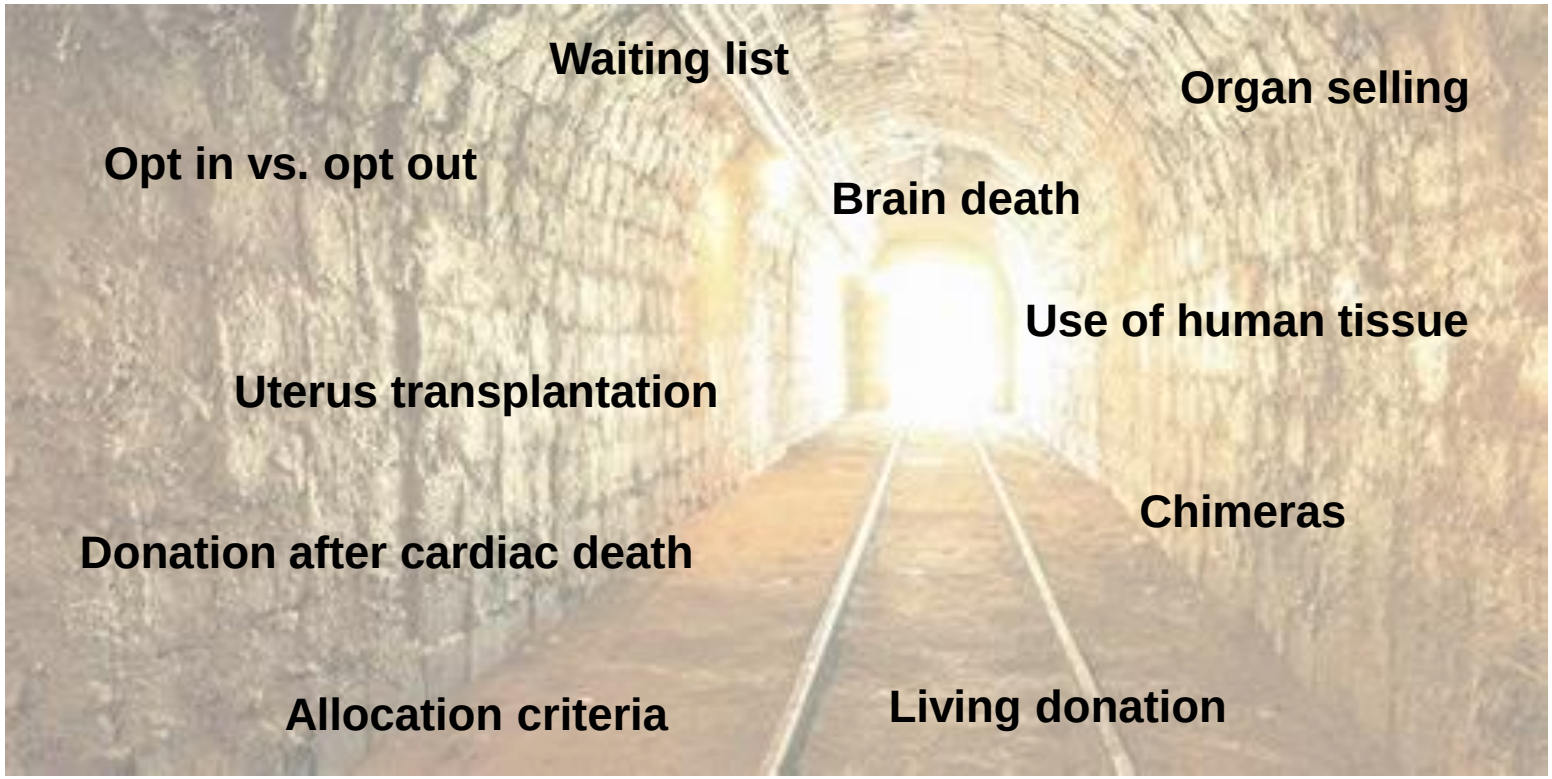
II. Living Organ Donation

III. Organ trading – a win for all?

IV. Presumed consent for post-mortem donation?

V. Concluding remarks

I. Transplantation: A Goldmine for Ethics



I. Transplantation: An Ethical Goldmine

Source	Organ/tissue /cell	Purpose of use	Access/Allocation
post-mortem donation • brain death • cardiac death	heart	organ replacement therapy	socioeconomic criteria
live donation	uterus	enhancement	donors first?
xenotransplantation	face	cosmetic purposes	low resource settings
stem cells	head	experimentation	“self-inflicted“ organ failure?
…	…	…	…

I. Transplantation: An Ethical Goldmine

- Impressively broad range of ethical issues (combination of scarce resources – organs and money – with effective therapy for relatively frequent conditions and a drive for innovation)
- A lot of ground can be covered with “the 4 principles“: respect for autonomy, non-maleficence, beneficence, justice
- A plurality methodological approaches (casuistry, human rights, virtue ethics, utilitarianism, deontology, procedural accounts, medical humanities…)
- Cultural values matter (individual liberty vs. community solidarity; treating death/dead persons)

II. Living organ donation

LOD – an established source of organs

✓better outcome

✓usually little risk/acceptable burden for donors

✓ cheaper (than dialysis and PMD)

✓ less complex logistics/infrastructure

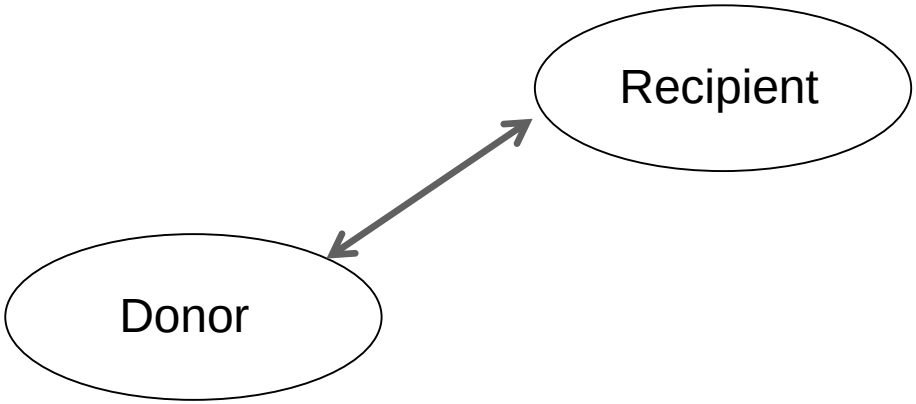
✓ more convenient to plan than PMD

Generally acknowledged rules:

- medical and psychosocial suitability
- informed consent *(donor and recipient)*
- competent donor
- **voluntary decision**

Controversial:

- legal majority (vs. competency only)
- unrelated donation?
- no excess risk to donors?
- financial incentives?
- subsidiary to postmortem donation (vs. gold standard)?


Recipient
Donor

Self-understanding of donor: Am I someone who may refuse?

CASE A

A middle-aged man suffering from severe liver cirrhosis due to a chronic hepatitis B infection was encouraged by his physician to ask his 29-year-old wife if she could not donate a partial liver for him. The couple are both of Turkish nationality. Whereas the man had spent most of his childhood and adult life in Germany, his wife came here only after her marriage eight years ago. She speaks hardly any German. So far, she has been very busy raising two small children and working for a living. Her husband receives a small pension, not having been able to work for many years because of his disease. During an exploratory talk with the couple in the hospital the husband translates for his wife. There is no translator available, as it was assumed that communication in German would be possible. The woman wears a shy and friendly smile throughout and repeatedly confirms her readiness to donate. Her understanding of the implications of the donation as well as the degree of voluntariness of her decision remain uncertain. The husband, when probed, expresses his ambivalence: he desperately wants to "pull through" for his family, especially his two small children, on the other hand, he would rather not put his wife at risk.

Biller-Andorno N et al.: It's only love? Some pitfalls in emotionally related organ donation. J Med Ethics. 2001 June; 27(3): 162–164. doi: 10.1136/jme.27.3.162.

Pressure/incentives from side of recipient:

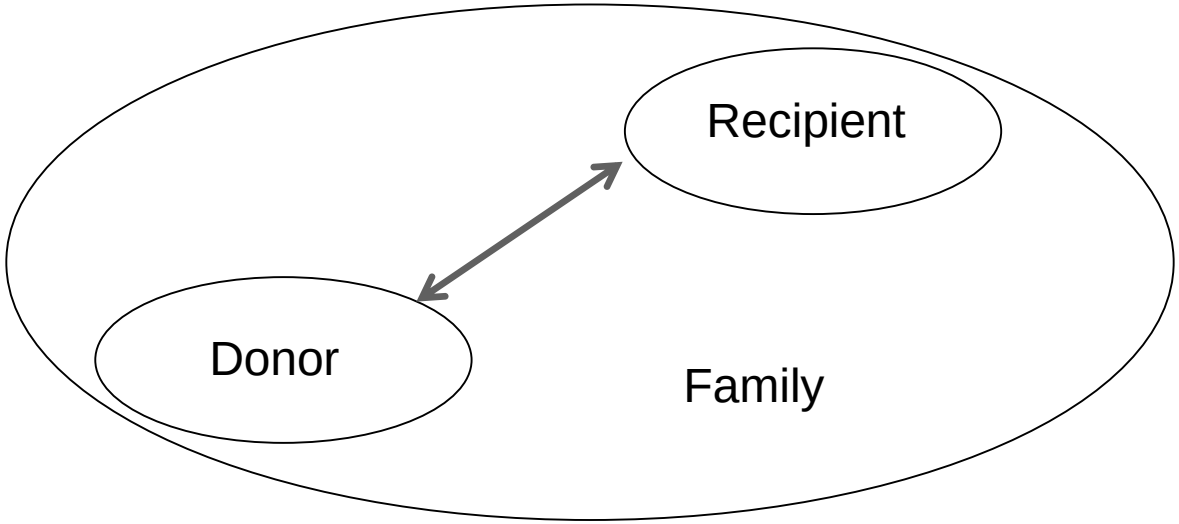
CASE C

A 35-year-old man volunteers to donate a kidney. He does not have any family relationship to the prospective recipient, a wealthy and successful retired manager in his late 60s. The motivation is a completely altruistic one, he claims. In the past he has already donated blood on several occasions, so why not donate a kidney now? About a year ago, a friend, who happened to know someone in need of a kidney, acted as a go-between. The prospective recipient has lost both kidneys and feels he cannot tolerate dialysis any longer. Everything in his life had gone so well, he states, and now dialysis is "taking over", leaving him dependent and out of control. A cadaveric organ is not likely to be available to him in the near future. He thinks it is wonderful that a young man like the prospective donor is willing to give him a kidney. Of course this young man would not "vanish from his life" after donation. Indeed, he has already become like a son to him and his wife. There are things he could do for him—no payment, as this would be against the law, but maybe some help with finding a better job. And in fact, the prospective donor might need such help, having been in prison several times and now trying to build a life with his new girl friend. He claims to feel enormous respect and sympathy for the prospective recipient, who somehow reminds him of his father who died when he was seven. Hence, he argues, only good is going to result from this transplantation.

Relationship: Perceived responsibility/duty to donate?

CASE D

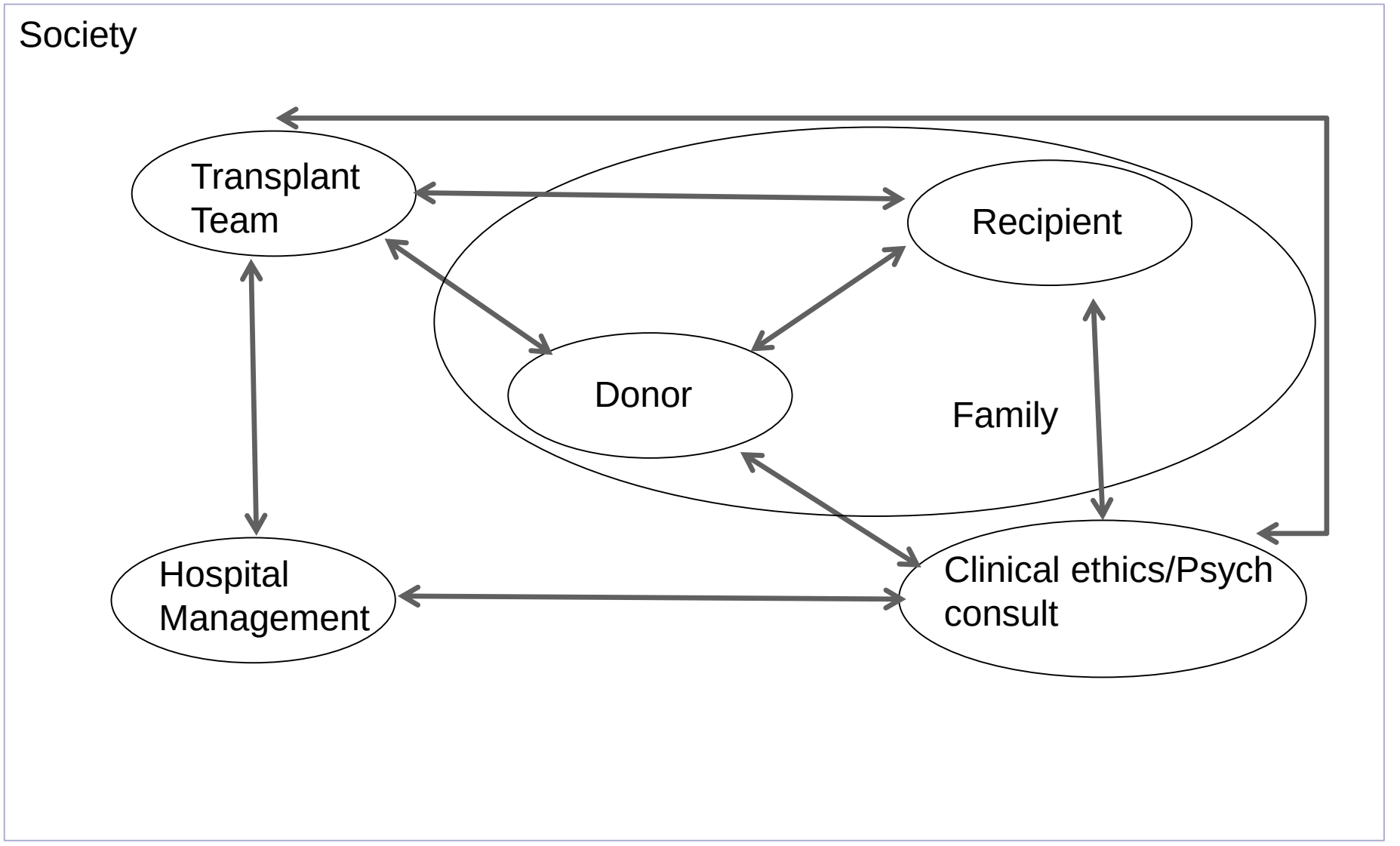
Anne, a woman in her late thirties, was cured of a genetic liver disease by a cadaveric transplantation some months ago and is now doing very well. She has returned to her job and seems to be bursting with energy and self confidence. While she enjoys her increased quality of life, she sees her husband's brother suffering from the same disease, although in his case it is predominantly the kidneys that are affected. In addition he has a disease of his blood vessels, which renders his prognosis, as well as any operation, rather problematic. Also, he has severe problems on dialysis, with recurrent shunt blockages. His physician says he will not stand many more years waiting for a cadaveric organ. His wife cannot donate to him due to blood group incompatibility and he has refused the offers of his teenage children. In this situation Anne, who lives next door and is confronted daily with his suffering, decided to donate a kidney. Anne and her husband had decided not to have children in order to avoid the risk of passing on the disease. However, they have always been very close to the brother-in-law's family. The children played frequently in their house, and they used to spend vacations together. Being in good health now herself, Anne does not want to "sit and watch" her brother-in-law's misery.


Recipient
Donor
Family

Pressure from Family

CASE B

A couple in their forties present themselves for a partial liver transplantation. The prospective donor, the wife, is German, the prospective recipient, is Italian. They live with their four children in Southern Italy. The husband has had a longstanding alcohol problem, and his liver condition has deteriorated over the years. Over the last few months he has fallen repeatedly into a liver coma and has had to be treated in hospital. His wife talks enthusiastically about the donation and exhibits a great degree of determination to go for this transplantation "at any cost, no matter what". She had to watch her first husband die from a heart disease at a young age, and she does not want to lose her second one. However, when she is talked to alone in a calm moment during the week-long physical inpatient evaluation, she complains about her husband's "macho attitude" and the important influence of the extended family, who "get involved in everything" and who have urged her to donate.


Society
Transplant Team
Recipient
Donor
Family
Hospital Management
Clinical ethics/Psych consult

What is a voluntary donation?
Procedural answer:

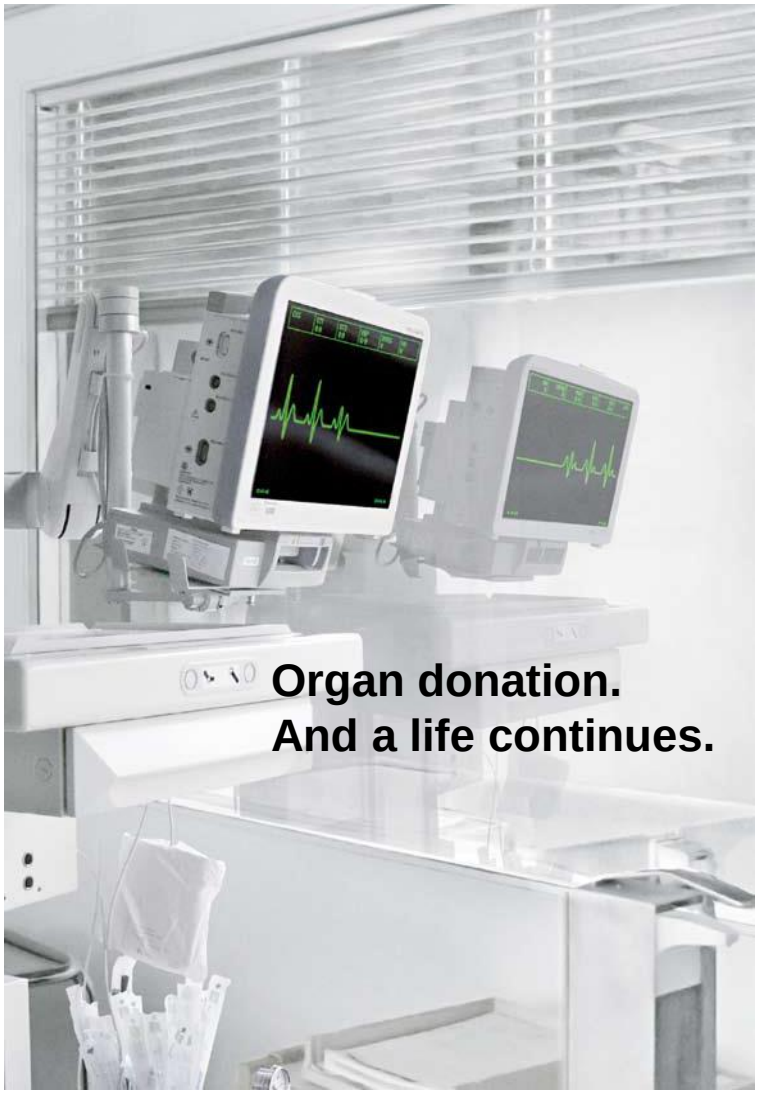
Donor said „yes“ when he had a fair chance to say „no“

> setting and timing of recruitment and evaluation

Donor did not opt out although she had the opportunity to do so

> defined opting out process, donor advocate

Recruitment | Initial evaluation | Further evaluations | Transplantation

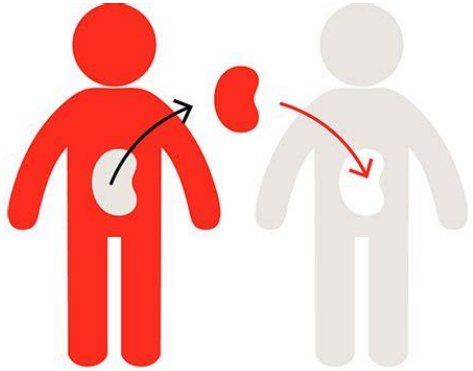


With minor modifications from
„Forum Organspende“
University Hospital Zurich,
September 19, 2007.

- With appropriate safeguards to maximize voluntariness (based on an understanding of the network of factors that can compromise it), living related donation can be considered an acceptable (subsidiary) source of organs for transplantation.

- But: vulnerable to pressure, not easy to scale up in an ethically responsible way.

- In any case, a healthy donor is submitted to a non-negligeable physical risk (mortality/morbidity).

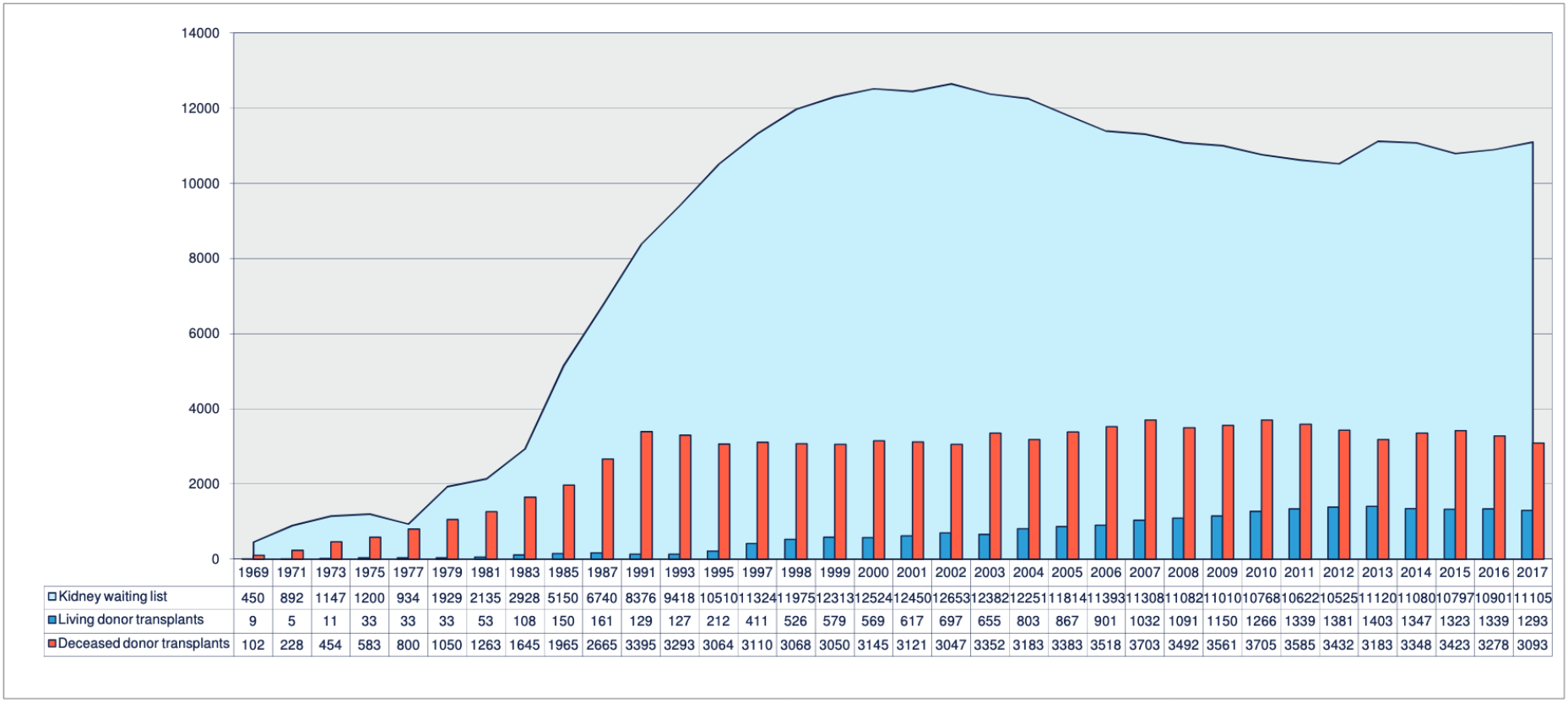


If related living donation fraught with so many potential complications should we rather go for:

- Increased cadaveric donation?
  - Donation after Cardiac Death
  - Presumed consent
- Increased non-related living donation?
  - Organ selling
- Push research efforts to create alternative methods (xenotransplantation, stem cells, artificials organs)?

III. Organ trading – a win for all?

Figure 2.5 Dynamics of the Eurotransplant kidney transplant waiting list and transplants between 1969 and 2017



	1969	1971	1973	1975	1977	1979	1981	1983	1985	1987	1991	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Kidney waiting list	450	892	1147	1200	934	1929	2135	2928	5150	6740	8376	9418	10510	11324	11975	12313	12524	12450	12653	12382	12251	11814	11393	11308	11082	11010	10768	10622	10525	11120	11080	10797	10901	11105
Living donor transplants	9	5	11	33	33	33	53	108	150	161	129	127	212	411	526	579	569	617	697	655	803	867	901	1032	1091	1150	1266	1339	1381	1403	1347	1323	1339	1293
Deceased donor transplants	102	228	454	583	800	1050	1263	1645	1965	2665	3395	3293	3064	3110	3068	3050	3145	3121	3047	3352	3183	3383	3518	3703	3492	3561	3705	3585	3432	3183	3348	3423	3278	3093

https://www.eurotransplant.org/cms/mediaobject.php?file=803150+020288+Statistical+Report+2017+(online)1.pdf

THE WALL STREET JOURNAL.
WSJ.com

OPINION EUROPE | OCTOBER 18, 2009, 8:00 P.M. ET

The Case for Paying Organ Donors

There is no indignity in financial gain.

By SALLY SATEL

Last week the Council of Europe and the United Nations issued a joint study on trafficking in human organs. According to the study, up to 10% of all kidneys transplanted worldwide are obtained in the organ bazaars of Africa, Asia, Eastern Europe and South America.

These underground markets exist, the paper rightly says, because of "the desperation of patients waiting for transplants." But its two-pronged solution won't solve the problem. It will likely make it even worse.

Department of ethics

The case for allowing kidney sales

J Radcliffe-Richards, A S Daar, R D Guttmann, R Hoffenberg, I Kennedy, M Lock, R A Sells, N Tilney, for the International Forum for Transplant Ethics

Would you sell a kidney in a regulated kidney market? Results of an exploratory study

A Rid, L M Bachmann, V Wettstein and N Biller-Andorno

J. Med. Ethics 2009;35;558-564
doi:10.1136/jme.2008.026856

- 178 3rd year medical students
- 27% would consider selling a kidney (autonomy: 93%, fairness 63%)
- Of 48 students who were willing to sell
  - only 8 endorsed a regulated kidney market as a policy;
  - of those 8 only 5 confirmed they would provide an organ to a stranger if and only if they were paid
  - of those 5 only 1 would sell a kidney in situations other than a financially particularly difficult situation (e.g. unemployment)

9. ZURICH FILM FESTIVAL
26. September – 6. Oktober 2013

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TALES FROM THE ORGAN TRADE *von Ric Esther Bienstock*

Border Lines

Trailer

IV. Presumed consent for post-mortem donation?

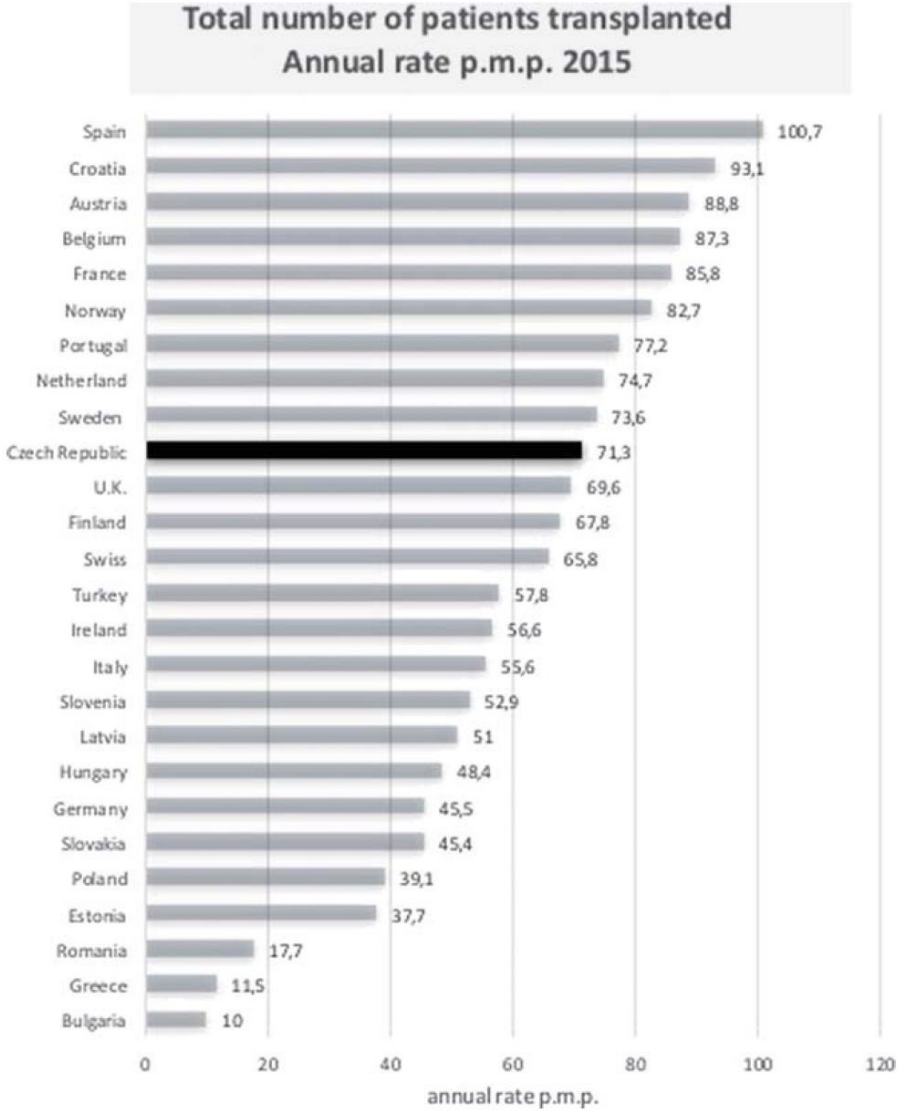

FIGURE 1. Total number of patients transplanted 2015 in Europe.[1]

Viklicky O, Fronek J, Trunecka P, Pirk J, Lischke R. Organ Transplantation in the Czech Republic. *Transplantation* 101(10:2259-61, 2017.

IV. Presumed consent for post-mortem donation?

Major risk

Opt out

Taking organs from a deceased person who would not have wanted to donate

Opt in

Losing willing donors because they have not opted in (uninformed, too busy, opposed relative…)

Preconditions for policy change opt-in → opt-out

1) Population willing to donate (justifying default)

2) Opt-out made easy

V. Concluding remarks

- There is a temptation to translate waiting lists into a moral imperative to recruit more donors.
- Recruitment of donors is not unconditional but should happen with prudence.
- When (rightly) admiring the success of organ transplantation, do not forget that preventing organ failure is an important complementary strategy.
- Organ transplantation comes with opportunity costs, the money is not available for other purposes (in particular in LMICs) → need to reflect on priorities.
- Investments (e.g. in building structures and expertise) can come with a pull to continue or expand the practice → careful with conflicts of interest.

Thank you very much for your attention!

Questions and comments welcome

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